

California's Comprehensive Cancer Control Program

Evaluation Report



Sosha Marasigan-Quintero, MPA
Shauntay Davis, MPH

June 2013
FY 2012-2013

TABLE OF CONTENTS

1. Executive Summary	pg. 3
2. Background	pg. 6
3. Evaluation Purpose	pg.7
4. Program Description	pg.7
5. Evaluation Questions and Methods	pg. 11
6. Findings	pg. 13
7. Recommendations	pg. 22
8. Appendices	pg. 23

EXECUTIVE SUMMARY

This evaluation report focuses on three areas of California's Comprehensive Cancer Control Program (CCCP): the program itself, the implementation of *California's Comprehensive Cancer Control Plan 2011-2015* (hereinafter referred to as "the state cancer plan"), and the partnership, the California Dialogue on Cancer (CDOC), for the period of June 30, 2012-June 29, 2013. Evaluation questions and findings will illustrate the degree of program impact, degree of how specific strategies have contributed to overall goals, as well as demonstrate accountability and progress carried out by the CCCP.

Background

In 2002, the CCCP was funded by the Centers for Disease Control and Prevention (CDC) to begin work around reducing the burden of cancer in California through the comprehensive cancer control initiative. As part of these efforts, CDOC was formed to develop and implement California's state cancer plan. Thus far, this thriving partnership has provided leadership and tools to enhance collaboration that have been key in uniting strategic efforts and accomplishing the goals outlined in the state cancer plan to reduce risk, promoting early detection, improving treatment, and enhancing survivorship in addressing cancer.

With more than ten years of experience, CCCP has been funded for an additional five years beginning in June 2012 to continue work in comprehensive cancer control. The main functions of CCCP are to maintain a comprehensive coalition (CDOC), to assess the burden of cancer in California and determine priorities for interventions, and develop and implement the state cancer plan. Additionally, the CCCP has added a new policy, systems and environmental (PSE) change component in order to guide and implement CCCP activities that focus on infrastructure enhancement through evidence-based cancer control interventions.

FINDINGS AT A GLANCE

PROGRAM

Tasked with providing administrative infrastructure for CDOC, assessing the burden of cancer to inform program priorities and facilitating implementation of the state cancer plan, CCCP is required to develop and implement an annual action plan complete with SMART (specific, measurable, attainable, realistic and time-bound) objectives and five-year program plan objectives (PPO) that should be in alignment with the state cancer plan. In the CCCP Action Plan, 100% of annual objectives and activities were found to be in alignment with the state cancer plan. Given a major administrative transition which hindered program functions, eight of twelve annual objectives were achieved.

PLAN

By working in tandem, CCCP and CDOC successfully facilitated and implemented prioritized interventions outlined in the state cancer plan. In a survey disseminated to the CDOC membership related to state cancer plan implementation, CDOC stakeholders indicated they were engaging in activities related to the implementation of state cancer plan strategies. These implemented strategies included evidence-based interventions as well as those related to PSE change approaches. Additionally, CDOC stakeholders specified that they applied for/received funding to work on objectives and/or strategies in the state cancer plan.

PARTNERSHIP

Despite program transition delays, which caused an interruption in administrative support provided to the coalition, the generosity and dedication of CDOC stakeholders enabled continued progress towards state cancer plan objectives and strategies. Over the last year, CDOC implementation teams continued the work of organizing, collaborating, and coordinating efforts to reduce the burden of cancer through strategies outlined in the state cancer plan.

RECCOMENDATIONS AT A GLANCE

PROGRAM

It is recommended program contracting processes be streamlined by simplifying channels for which funding towards the implementation of cancer plan strategies and objectives may be expended.

PLAN

It is recommended that CCCP build capacity in addressing the state cancer plan objective of primary prevention in regards to the human papillomavirus (HPV infection), tobacco use, and ultraviolet light exposure. It is also recommended that CCCP continue to build capacity of CDOC and its stakeholders around policy, systems and environmental change interventions (PSE) through the provision of technical assistance and training. In addition, technical assistance and trainings on facilitation of other cancer plan aligned interventions should be offered to CDOC stakeholders and other interested parties.

PARTNERSHIP

It is recommended that CDOC continue to expand partnerships and diversify its Executive Committee membership for the benefit of a more diverse leadership team in terms of organizational type representation.

INTRODUCTION AND BACKGROUND

California hosts over 38 million residents (US Census Bureau, 2012 estimate) making it the most populous state in the United States. The risk of developing cancer varies by both ethnicity and income level. Well over half of California's population is nonwhite and many residents regardless of ethnicity are low-income, uninsured, and/or rural. Nearly one in four deaths in California is attributed to cancer. In fact, cancer is the second-leading cause of death among Californians overall and first among Asian/Pacific Islanders (California Cancer Registry, 2011). While overall cancer mortality rates continue to decline, the absolute number of cancer-related deaths is expected to increase as California's population grows and ages.

CCCCP is housed in the Chronic Disease Surveillance and Research Branch (CDSRB) of the California Department of Public Health (CDPH) and supports the CDOC, the statewide comprehensive cancer control coalition.

CDOC is a coalition of cancer control leaders and organizations from throughout the state concerned with the cancer burden on the residents of California. CDOC serves as the vehicle for comprehensive cancer control in California and was formed to help design and implement California's Comprehensive Cancer Control Plan. Comprehensive cancer control is based on the idea that people and organizations working together to identify problems and develop solutions will lead to better use of limited resources and generation of new resources through new partnerships.

This report focuses on evaluating three different areas: the partnership (CDOC), the plan (*California's Comprehensive Cancer Control Plan, 2011-2015*), and the program (CCCCP).

1. Evaluation Purpose

The purpose of the FY12-13 evaluation is as follows:

1. Determine the degree of impact of selected program activities related to the CCCP, CDOC and *California's Comprehensive Cancer Control Plan, 2011-2015*.
2. Determine to what degree specific program strategies have contributed to overall goal achievement in order to improve program implementation.
3. Provide accountability to the CDC, CDPH, the CDOC Executive Committee, and the community.
4. Demonstrate progress toward cancer control in California, and to highlight areas where the broader community and CDOC involvement would be helpful.

The findings from this evaluation will be reported to CDC, the CDOC Executive Committee and stakeholders, and other community partners. This evaluation has been coordinated by CCCP's own evaluator on staff according to the *CCCP Evaluation Plan*.

2. Program Description

California's Comprehensive Cancer Control Program

CCCP is based in the Chronic Disease & Injury Control Division of CDPH and housed in CDSRB. CCCP functions as the conduit through which California pools resources resulting in improved risk reduction behaviors, increases in early detection, improved treatment, and enhanced survivorship, all resulting in a reduction of the burden of cancer. CDC provides funding for CCCP.

The goal of CCCP is to reduce the burden of cancer in California through three main functions:

- Maintain a comprehensive cancer control coalition, CDOC;
- Assess the burden of cancer in our state and determine priorities for interventions; and
- Develop and implement a statewide comprehensive cancer control plan

Statewide Coalition: California Dialogue on Cancer

CDOC is a coalition of cancer control leaders from throughout the state who share the vision of reducing the cancer burden on the residents of California. These leaders include members of state and local government, members of the public, non-profit organizations, health, medical, and business communities, the research community, cancer survivors, and advocates. Coalition objectives are to:

- Decrease the incidence rate of cancer;
- Decrease the mortality rate for cancer;
- Increase the quality of life for cancer patients;
- Serve as the California forum for critical cancer control issues; and
- Ensure that the strategies detailed in California's Comprehensive Cancer Control Plan are implemented.

CDOC has special work groups called "implementation teams" that engage in activities related to state cancer plan implementation. CDOC's current implementation teams are:

- Advocacy
- Disparities, Access to Care and Early Detection
- Prevention: Tobacco
- Prevention: Nutrition and Physical Activity
- Treatment & Survivorship
- Ad Hoc Colorectal Cancer Committee – California Colorectal Cancer Coalition (C4)

I. Stage of Development

Completed Work

- Implemented a marketing campaign that promoted worksite wellness models to various businesses all throughout California.
- Developed and disseminated a Cancer Survivorship Aftercare Plan Utilization survey to over 70 California cancer centers/institutions that care for cancer patients.
- Worked with C4, the San Diego Medical Society Foundation and other organizations on a pilot project aiming to increase the utilization of Fecal Immunochemical Testing in clinics serving the uninsured.
- Conducted ACA implementation trainings to several organizations such as Molina Health Care, UCLA School of Public Health, and Sutter Medical Foundation all throughout California.
- Conducted trainings on policy systems and environmental change to CDOC leaders and stakeholders.
- Transitioned fiscal administration to CDPH in order to increase efficiency and collaborative opportunities as well as increase visibility.
- Evaluated program objectives
- Coordinated a leadership training for Access to Cancer Care community coalitions situated throughout California.
- Maintained strong collaborative partnerships with several key statewide organizations such as ACS, University of California Los Angeles, Jonsson Comprehensive Cancer Center and many CDPH cancer and chronic disease control programs.

Current Work

- Disseminating *California's Comprehensive Cancer Control Plan, 2011-2015*
- Coordinating activities with the state Coordinated Chronic Disease Prevention Program

- Building capacity around policy systems and environmental change interventions
- Developing a communications platform including a media plan
- Collaborating with the state tobacco control program to implement trainings to behavioral health professionals on implementing smoking cessation programs
- Collaborating with the California Cancer Registry (CCR) on a progress report of the state cancer plan
- Coordinating leadership training of the CDOC Disparities & Access to Care Implementation Team's Access to Cancer Care Community Coalitions
- Collaborating with CDPH and other organizations to establish worksite wellness policies in California worksites
- Collaborating with the C4 and the San Diego Medical Society Foundation and other partners on a project to increase colorectal cancer screening
- Collaborating with the CDOC Treatment & Survivorship team as well as several organizations that serve cancer survivors to ensure systems that treat cancer patients utilize survivorship aftercare plans for all cancer patients
- Collaborating with DHCS EWC program on a screening promotion project targeting Medi-Cal recipients
- Coordinating bi-annual CDOC stakeholders meeting

Future Work

- Provide trainings around PSE
- Revise and implement the state cancer plan

II. Program Context

In June 2012, CCCP transitioned from being fiscally administered by the Public Health Institute to CDPH. This transition was both challenging and beneficial to CCCP. While there were some delays and roadblocks in moving forward with program objectives, the program is now in a more stable environment as the establishment of permanent positions within CDPH presents advantages of institutionalization and collaboration, as well as improved efficiency and shared expertise for greater coordination with other CDPH cancer and chronic disease control programs. A new component of CCCP has established a PSE approach to cancer control. CCCP will build capacity of the program and the statewide coalition, CDOC, to implement PSE strategies, and establish community-clinical linkages as delineated in California's state cancer plan.

Despite the unavoidable delays in hiring program staff, CCCP has still been able to facilitate several program objectives due in part to CDOC which has continued to be active. The CDOC Executive Committee and implementation teams have met regularly to assist with cancer plan implementation. Additionally, partner organizations such as C4, ACS and many individuals that

are committed and dedicated to CDOC's mission have facilitated or continued important work of the coalition. This work is directly based on objectives in CCCP's Action Plan as many activities are a continuation of work facilitated at the April 2012 CDOC Stakeholder Meeting, *Implementing California's Comprehensive Cancer Control Plan, 2011-2015*.

As CCCP moves forward as a formal program of CDPH, the already established relationship with the CDPH Coordinated Chronic Disease Prevention Program will allow CCCP to coordinate effectively around policy, systems and environmental change interventions. In addition, established partnerships with CDPH cancer and chronic disease programs will allow CCCP to flourish under the new component of Program Management, Leadership and Coordination within the grant, established as the Coordinated Cancer Prevention & Control Program (CCPCP). The overarching goal of CCPCP is to coordinate and integrate ongoing cancer activities of state cancer and chronic disease control programs. The leadership for CCPCP will formally work with CCCP ensuring program objectives are coordinated appropriately and all program functions are in alignment with the state cancer plan.

EVALUATION QUESTIONS AND METHODS

PROGRAM

CCCP is not only tasked with developing the state cancer plan, but also facilitating implementation. This task is done in collaboration with the state cancer coalition, CDOC. In order to accomplish implementation, the CCCP develops an annual action plan as required by the funder, CDC. This action plan outlines specific program activities to be completed through annual SMART objectives. In addition to annual objectives, the Action Plan also includes five year program objectives related to the annual objectives to be achieved by June, 2017 (end of the grant period). It is imperative these objectives are in alignment with goals, objectives and strategies outlined in *California's Comprehensive Cancer Control Plan 2011-2015*. To assess if CCCP successfully integrated state cancer plan objectives and strategies into their Action Plan, two questions were posed as part of the evaluation.

Program Questions

1. How are objectives and strategies in the cancer plan being integrated into the CCCP Action Plan?
2. What number of objectives in the CCCP action plan are achieved given the program transition?

Data: FY 12-13 Program records, state cancer plan objectives, the CCCP Action Plan, and the CDMIS.

Collections Methods: Review of the CCCP Action Plan and CCCP program records, review of CDMIS (Chronic Disease Management Information System – used to house program data, track progress and produce reports)

PLAN

CCCP and CDOC have been charged with reducing California's cancer burden through the development, promotion and implementation of the state cancer plan. CDOC stakeholders have now facilitated and focused on implementation of objectives and strategies in the second version of California's state cancer plan. Through this facilitation and promotion of the state cancer plan, CCCP in partnership with CDOC has been successful in implementing the revised cancer

plan coordinating various interventions relating to cancer plan strategies. Two questions were posed in order to assess the extent to which CDOC coalition members implemented the revised state cancer plan. One question related specifically to PSE change interventions implemented in consideration of CCCP's new PSE platform was also posed.

Plan Questions

1. How have coalition members/partners implemented the revised state cancer plan?
2. What cancer plan objectives with PSE interventions are being implemented by coalition members/partners?

Data: Coalition survey, the state cancer plan implementation project collection tool, and coalition implementation team work plans

Collections Methods: Identification of PSE interventions in the state cancer plan, develop, distribute and analyze survey, data retrieved from other program records, review of CDMIS

PARTNERSHIP

During CCCP's program transition, CDOC was able to continue to progress towards implementing objectives and strategies in the state cancer plan. This progress is due in part to CDOC leadership and implementation teams who have coordinated coalition activities. In order to assess the strength of CDOC involvement one question was posed.

Partnership Questions

1. During CCCP's program transition, how strong has partnership involvement been?

Data: Coalition meeting notes, coalition implementation team work plans, and cancer plan implementation project collection tool, and FY 12-13 program records.

Collections Methods: Review of FY 12-13 program records, review of CDMIS

FINDINGS

PROGRAM - The Comprehensive Cancer Control Program

Evaluation Question: How are objectives and strategies in the cancer plan being integrated into the CCCP Action Plan?

The CCCP has effectively integrated state cancer plan objectives and strategies into its action plan; the Table 1.1- *CCCP Action Plan Detail* below provides detail on five year program plan objectives and annual objectives in the CCCP action plan.

Table 1.1- CCCP Action Plan Detail

Cancer Plan Priority Area	Action Plan Objective
Surveillance	Five year objective: <i>Ensure increased use of comprehensive and understandable cancer-related surveillance data</i>
	Annual objective: <ul style="list-style-type: none"> • Partner with CCR and CCPCP to develop a collaborative burden report that addresses surveillance objectives in the state cancer plan.
Advocacy	Five year objective: <i>Engage in cancer-related public policy and legislative advocacy to address cancer-related health disparities</i>
	Annual objective: <ul style="list-style-type: none"> • Facilitate trainings for coalition members to implement cancer-related Policy, System and Environmental changes and other appropriate interventions in alignment with objectives in the state cancer plan
Primary Prevention	Five year objective: <i>Decrease the obesity rate in CA adults 18 years and older.</i>
	Annual objectives: <ul style="list-style-type: none"> • Promote established work place models in selected California communities in order to create work place policies supportive of regular physical activity during the workday.
Early Detection	Five year objective: <i>Increase screening for colorectal cancer among Californians age 50 -75.</i>
	Annual objectives: <ul style="list-style-type: none"> • Increase colorectal cancer screening rates among the uninsured age 50-75 through the establishment of a pilot program that tracks distribution and rate of return of FIT tests • Educate disparate communities (uninsured, African American, Hispanic and API) regarding the Affordable Care Act (Health Benefits Exchange) to facilitate enrollment in health insurance programs in order to get screened for colorectal cancer
Survivorship	Five year objective: <i>Increase number of cancer patients who have received an aftercare plan after completing treatment.</i>
	Annual objectives: <ul style="list-style-type: none"> • Establish network of health care systems treating cancer patients in order to implement mechanism to ensure patients receive after care plans.

The CCCP Action Plan has guided progress achieved in this funding year. CCCP was able to maintain focus on the key five year program plan objectives in addition to working towards above mentioned annual objectives. Significant progress has been achieved in all five year

program plan objectives, including efforts in obesity prevention, early detection and screening, reduction of cancer-related health disparities, cancer surveillance, and advocacy. More specifically, CCCP has executed 67% of annual objectives; completing work on establishing program infrastructure, facilitating a workplace wellness project, building capacity of CDOC coalition leadership, ACA implementation trainings, collaborating with CCR, facilitating a survivorship aftercare plan utilization project and holding policy, systems, and environmental educational trainings. See table 1.2- *Cancer Plan Project List* below for a list of projects.

Table 1.2- Cancer Plan Project List

Primary Prevention (Obesity) <ul style="list-style-type: none"> • CDOC Workplace Wellness Project 	Early Detection and Screening <ul style="list-style-type: none"> • ACA Implementation Trainings • Colorectal Cancer Community Clinic Project 	Cancer-related Health Disparities <ul style="list-style-type: none"> • Access to Cancer Care Community Coalition Leadership Training
Cancer Surveillance <ul style="list-style-type: none"> • CCR Surveillance Data 101 Webinar 	Advocacy <ul style="list-style-type: none"> • Policy, Systems and Environmental Trainings 	Survivorship <ul style="list-style-type: none"> • Survivorship after care plan utilization project

Evaluation Question: What number of objectives in the CCCP action plan are achieved given the program transition?

In June 2013, CCCP completed the transition of being fiscally administered by the Public Health Institute to CDPH. While there were some delays and contracting limitations in moving forward with program objectives, the program is now in a position to fulfill program functions more effectively. Permanent positions established within CDPH have presented advantages of improved efficiency and shared expertise when addressing annual objectives, as well as increasing visibility of the program.

All but four annual objectives outlined in the CCCP action plan were successfully completed this reporting period; which is a 67% completion rate. Organized into four recipient activity (RA) categories, (program administration, fiscal management, routine use of surveillance data, and routinely support, collaborate, and coordinate with existing cancer coalitions) meaningful

progress has been made in 100% of RA categories despite programs delays and stalled contracting issues during the program year.

Completed Objectives Detail:

Objective 1.1- Maintain staff sufficient to manage and provide administrative support to CCCP.

CCCP is presently fully staffed with 4.5 highly qualified positions on board; this includes a program director, a program evaluator, a PSE/communications specialist, an administrative assistant and a graphic designer/webmaster. These critical positions have provided essential leadership in managing and providing administrative support to carry out CCCP annual activities. To this end, staff have been instrumental in conducting trainings, webinars, facilitating collaborative workgroups, developing partnerships in building the capacity of the CCCP and ensuring the alignment of activities with the state cancer plan.

Objective 1.3- Partner with CCR and CCPCP to develop a collaborative burden report that addresses surveillance objectives in the state cancer plan.

The CCCP, in collaboration with CCR and CCPCP, conducted an assessment survey to determine the needs and interests of cancer control stakeholders in terms of data content, data usage and dissemination of future reports created by CCR. Feedback from the assessment survey has been incorporated into the development of the most recent edition of the *California Cancer Burden Report* developed by CCR.

Objective 1.5- Develop a communications plan to inform routine communications, promote the state cancer plan and educate the public about cancer control.

A communications plan has been established to inform routine communications which will guide communication with CDOC stakeholders and the public. The plan also promotes the state cancer coalition, the state cancer plan, and cancer plan implementation activities and opportunities. This plan supports a broad approach intended to cultivate collaboration among state cancer and chronic disease control programs, CDOC stakeholders, the CCCP and the public. The PSE/communications specialist disseminated the state cancer plan, conducted webinars to train

stakeholders on PSE approaches and utilized the coalition list serve to disseminate information regarding the CCCP, the state cancer plan and CDOC.

Objective 1.6- Facilitate trainings for coalition members to implement cancer-related PSE approaches in alignment with the state cancer plan

CCCP has effectively provided tailored trainings on PSE for CDOC coalition Executive Committee members, team members and other community partners. Areas covered in these trainings included the definition of PSE interventions, benefits of the PSE model, and examples of PSE interventions from the state cancer plan. These statewide training opportunities reinforced the CCCP objective which is to foster capacity building around PSE change. These trainings included participation of more than 50 health professionals working in professions such as epidemiology and research from more than 15 organizations all over California such as UCLA School of Public Health, Kaiser Permanente, and the Department of Veterans Affairs (Los Angeles region).

Objective 2.1- Promote established work place models in selected California communities.

CCCP has worked to halt and reverse obesity and overweight trends among all Californians. By working with CDOC's Nutrition and Physical Activity (NuPA) implementation team, CCCP has been instrumental in launching the *Let's Get our Employees Active for Life* worksite wellness campaign. This worksite wellness campaign promotes three established work site wellness models. *Take Action* developed by CDPH, *Active for Life* developed by ACS, and *Instant Recess* developed by the UCLA School of Public Health. These established worksite wellness models have served as tools to enhance professional work environments in order to support worksite policy changes to increase physical activity and healthy eating habits. This campaign has been strategically publicized to business related publications and venues through a variety of print, online and direct mail advertisements successfully disseminated across California in San Francisco, Sacramento, Inland Empire and Los Angeles communities.

Objective 3.2- Educate disparate communities regarding the ACA to facilitate enrollment in health insurance programs and promote colorectal cancer screening.

The CCCP coordinated with ACS in the successful delivery of an Access to Care training focusing on the implementation of the ACA. The training targeted the leadership of the CDOC Disparities, Access to Care and Early Detection (DAD) Implementation Team Access to Cancer Care Community Coalitions. These coalitions were formed to address access to cancer care issues in their respective communities. These coalitions reach out to populations all throughout the state of California.

Additionally, nine trainings around implementation of ACA and access to colorectal cancer screening were coordinated in conjunction with partners such as Molina Health Care, UCLA School of Public Health, and Sutter Pacific Medical Foundation. Trainings took place in seven counties throughout California. Seven of the nine training opportunities were conducted by Joanna Morales, J.D. from North Star Alliance/Triage Cancer on *The Basics of the Affordable Care Act* with information on the consumer's perspective. These trainings yielded participation of more than 70 health professionals from more than 30 organizations all over California.

<p>Objective 4.1- Establish and network of health care systems treating cancer patients in order to implement mechanisms to ensure patients received aftercare plans.</p>
--

Significant progress has been made on the Survivorship Aftercare Plan Utilization Project. The goal of the project is to establish a network of systems treating and/or caring for cancer patients in order to implement mechanisms to ensure patients receive aftercare plans. The first step in the project was to develop a survey in order to identify which institutions are utilizing survivorship aftercare plans in order to support cancer survivors. Working in coordination with the CDOC Treatment & Survivorship team, CCCP and the Lineberger Comprehensive Cancer Center of University of North Carolina at Chapel Hill (LCCCUNCCH), a survey has been modified and disseminated on the utilization of aftercare plans. To date, the team has disseminated a survey to over 150 cancer treatment centers, hospitals, and community based organizations caring for cancer patients in California. The survey is still open and plans for year two include completing the analyses of the survey and setting up a workgroup in order to establish a network of the healthcare systems.

Objective 5.1- Create an evaluation plan in order to evaluate the partnership, program and state cancer plan to determine progress towards goals, objectives and strategies of the state cancer plan.

Using CDC's Toolkit for general guidance, a CCCP Evaluation Plan was developed to assess program and priority objective progress. To ensure a comprehensive evaluation report, the CCCP Evaluation Plan focused on the infrastructure of the program, and the strength and impact of the partnership (CDOC), and the implementation of the state cancer plan. To assess key areas of the partnership and the cancer plan implementation, a survey was disseminated to CDOC stakeholders and partners. See summary in table 3.1.

Objective 5.2- Develop annual evaluation report evaluating the partnership, program and state cancer plan.

The last annual objective was to develop an evaluation report compiled from the results of a thorough program assessment of CCCP partnerships, the CCCP Action Plan and program progress. In developing the report, special attention was paid to identifying the gaps of alignment concerning the state cancer plan goals, strategies, and objectives and using them to inform program improvement.

PLAN

Evaluation Question: How have coalition members/partners implemented the revised cancer plan?

CDOC has been charged with formulating and upholding the unified vision for reducing California's cancer burden. In coordination with CCCP, CDOC has successfully facilitated the implementation of the state cancer plan among state cancer and chronic disease control programs. Through facilitation and promotion, the work of CDOC has resulted in various coordinated interventions based on state cancer plan strategies.

According to an online-based survey (*CDOC Stakeholder Survey 2013*), respondents indicated the application and use of various evidence-based interventions, increased awareness, and enhanced collaborations and partnerships in relation to implementation of the state cancer plan. In terms of early detection, significant work was accomplished to address breast, cervical and

colorectal cancer. Additional work was achieved in the topic areas of health disparities and survivorship. The work coalition members completed in this reporting period to implement the revised cancer plan touched on all seven priority areas of the state cancer plan. The *CDOC Stakeholder Survey 2013* was administered to approximately 761 recipients with a 12% response rate in May 2013.

Table 1.3a- *CDOC Stakeholder Progress Implementing the Cancer Plan* below illustrates the progress on the top three cancer plan objectives and the top three cancer plan strategies implemented.

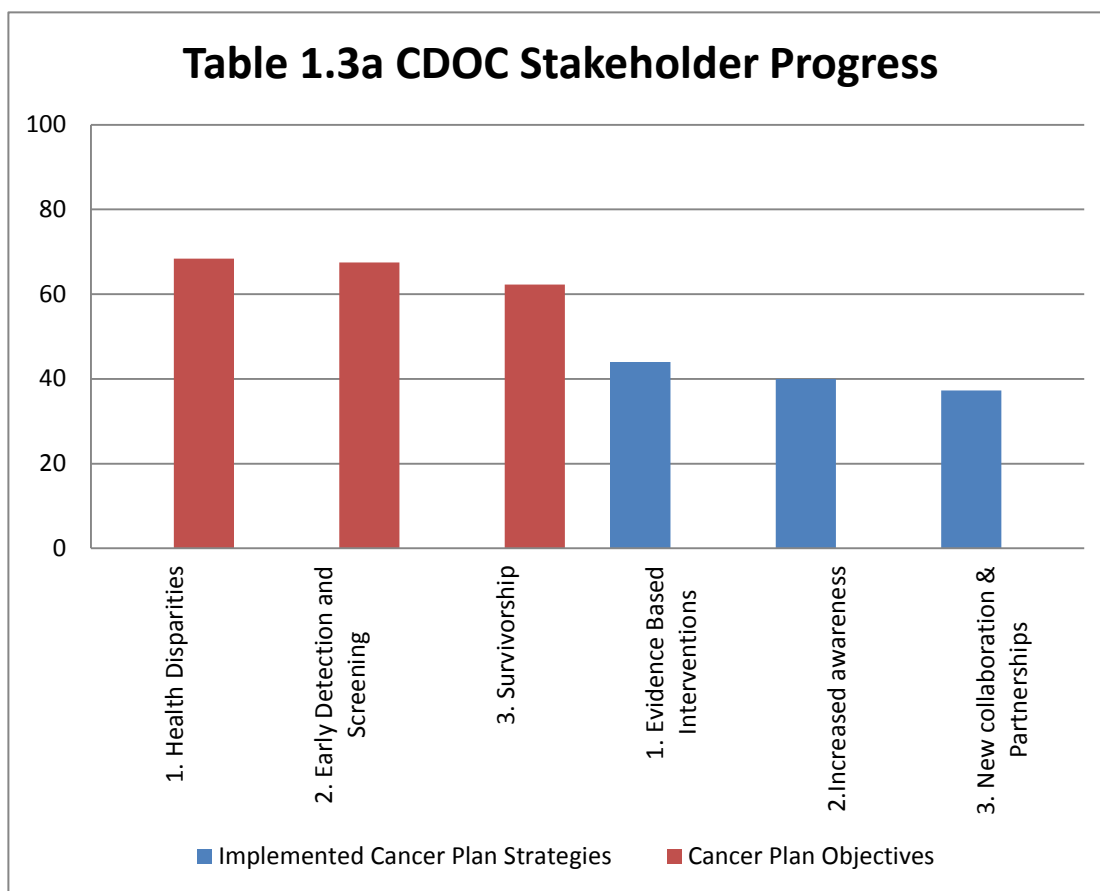


Table 1.3b *CDOC Stakeholder Progress* below illustrates the top three cancer sites focused on from within the state cancer plan.

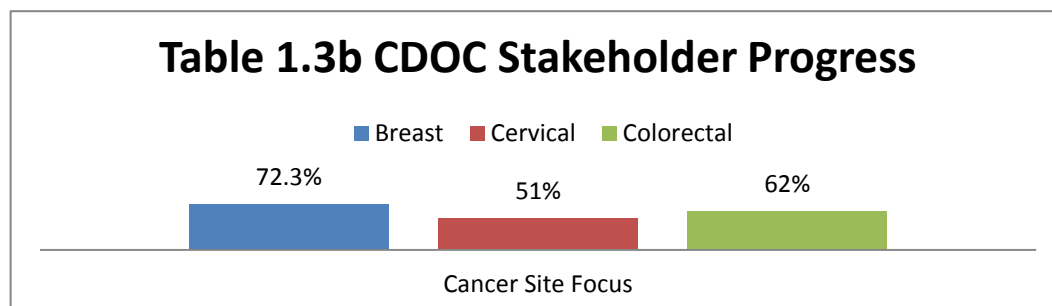


Table 1.4- *CDOC work related to cancer plan priority areas* is a summary of the work coalition programs are doing to address various aspects of the state cancer plan according to a survey conducted on coalition stakeholders.

Cancer Plan Priority Area	Percentage of CDOC Stakeholders Addressing Priorities of the Cancer Plan
Early Detection	67.5%
Survivorship	62.3%
Research	59.7%
Cancer-related health disparities	58.4%
Advocacy	53.2%
Primary Prevention	49.3%
Cancer Surveillance	36.3%

In addition, the work of CDOC implementation teams has lead to the increased facilitation of CCCP annual objectives and progress important to the state cancer plan. Despite the delay in program start date, the expertise and collaboration of CDOC implementation teams has resulted in the CDOC achieving meaningful progress in terms of implementation of priority areas in the

cancer plan around the areas of cancer advocacy, survivorship, surveillance, nutrition and physical activity, early detection and screening, and cancer-related health disparities.

Evaluation Question: What cancer plan objectives with PSE interventions are being implemented by coalition members/partners?

According to the *CDOC Stakeholder Survey 2013*, 30.6% of 93 coalition members indicated they conducted policy, systems and environmental intervention strategies within the state cancer plan through their organizations. Survey results also indicated that 44% of 93 coalition members also conducted evidence-based interventions in relation to cancer prevention and control; and 26.6% of 93 coalition members said they had applied for or received funding to work on state cancer plan topic areas.

Below is a list of PSE interventions in the state cancer plan stakeholders have conducted.

72.3% of 93 survey participants said activities they conducted focused on breast cancer; PSE strategies may have included:

- Increasing funds spent on breast cancer screening outreach and public education messages.
- Informing constituents on ACA implementation in relation to breast cancer screening diagnostic, and treatment services.
- Encouraging access to patient navigation services for all women not eligible for insurance

51.3% of 93 survey participants said activities they conducted focused on cervical cancer objectives; PSE strategies may have included:

- Promoting comprehensive immunization of teens, including HPV immunization, whenever possible
- Decreasing patient cost barriers to HPV immunization
- Decreasing physician costs barriers to providing HPV immunizations
- Providing rewards to providers with high HPV vaccination rates

61.8% of 93 survey participants said activities they conducted focused on colorectal cancer objectives; PSE strategies may have included:

- Encouraging health plans and public health departments to promote primary prevention and effective practice-based and population-based strategies to increase colorectal cancer screening rates
- Advocating for expanded healthcare coverage to assure follow-up of abnormal test with diagnostic testing and evidence-based treatment

35.5% of 93 survey participants said activities they conducted focused on melanoma cancer objectives; PSE strategies may have included:

- Advocating for funding the development of a statewide melanoma cancer and other skin cancer screening and treatment program

43.4% of 93 survey participants said activities they conducted focused on ovarian cancer objectives; PSE strategies may have included:

- Supporting efforts to develop and implement an early detection test or method

50.0% of 93 survey participants said activities they conducted focused on prostate cancer objectives; PSE strategies may have included:

- Developing questions for prostate cancer screening regarding family history and information decision making to include in data surveillance tools
- Support funding for research to identify better screening tools for prostate cancer and to develop new and effective treatment options

PARTNERSHIP

Evaluation Question: During CCCP's program transition, how strong has partnership involvement been?

Throughout the program year CDOC's Executive Committee and implementation teams met regularly to coordinate efforts and assist in addressing cancer plan goals, strategies and objectives. During this challenging transition many partner organizations and individuals remained committed and dedicated to the CDOC mission and consequently continued important work of the program through the coalition as evidenced by program materials, electronic communications and project outputs. Implementation teams active include Advocacy, Treatment & Survivorship, Disparities, Access to Care and Early Detection and Nutrition and Physical Activity.

RECOMMENDATIONS

PROGRAM

It is recommended contracting processes be streamlined by simplifying channels for which funding towards the implementation of state cancer plan goals and objectives may be expended. This will expedite processes and ensure program activities are completed within the program period.

PLAN

It is recommended that the CCCP build the capacity in addressing the state cancer plan objective of primary prevention in regards to the human papillomavirus (HPV infection), tobacco use, and ultraviolet light exposure. It is also recommended that CCCP continue to build capacity of CDOC stakeholders around PSE change interventions through the provision of technical assistance and training. In addition, technical assistance and trainings on how to facilitate other cancer plan aligned interventions should be offered to CDOC and its stakeholders and other interested parties. These interventions should be in alignment with identified PSE strategies in the state cancer plan.

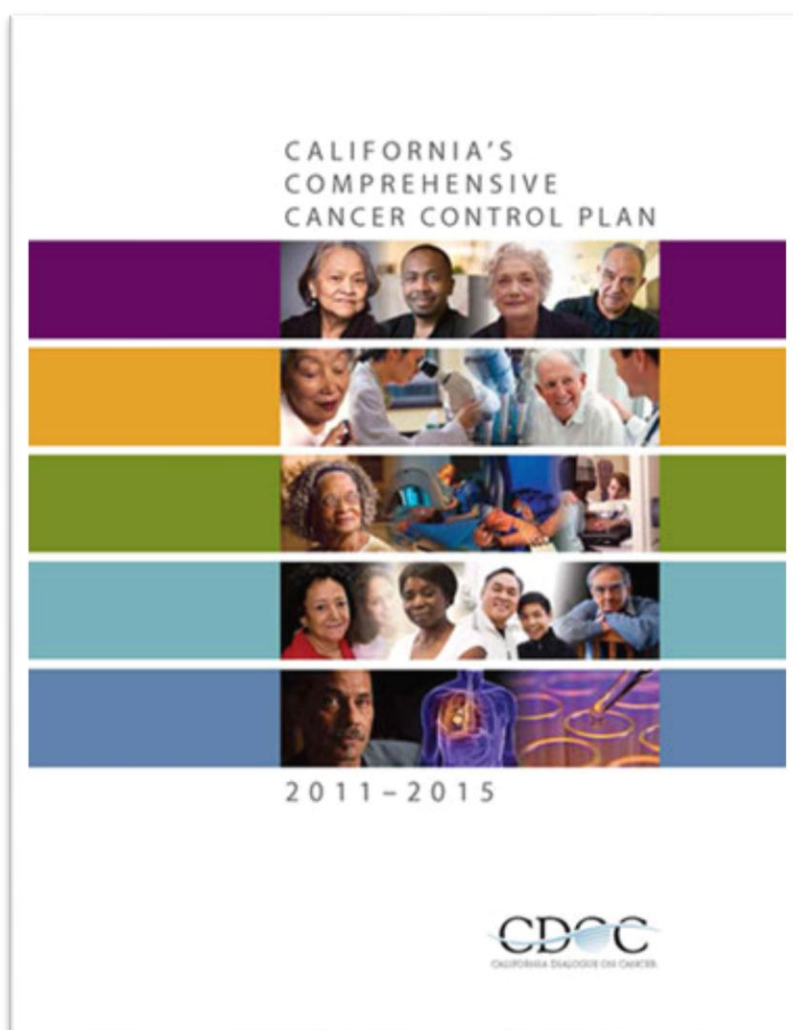
PARTNERSHIP

It is recommended that the CDOC continue to expand partnerships and diversify the CDOC Executive Committee membership in order to gain strength in providing a more diverse platform in terms of organizational type in leading and collaborating on the state cancer plan initiatives.

APPENDICES

- A. California's State Cancer Control Plan - *California's Comprehensive Cancer Control Plan, 2011-2015*
- B. CCCP Action Plan
- C. CDOC Stakeholder Survey
- D. CCCP Evaluation Plan
- E. CCCP Communications Plan
- F. Survivorship Aftercare Plan Utilization Survey
- G. Presentation: Basics of the ACA from the Consumer Perspective
- H. Presentation: Policy, Systems, and Environmental Change Approaches in Cancer Control
- I. Presentation: California Cancer Registry Overview
- J. Poster Campaign: Nutrition And Physical Activity Workplace Models

Appendix A. CALIFORNIA'S STATE CANCER CONTROL PLAN (2011-2015)



For more information, visit: http://www.cdph.ca.gov/programs/cdsrb/Documents/CDOC/PDF/CaliforniaCancerPlan2011-2015_Download.pdf

Recipient Activities: RA 1 Program Administration, RA 2 Fiscal Management, RA 3 Routine Use of Cancer Surveillance Data, RA 4 Routinely Support, Collaborate, and Coordinate with Existing Cancer Coalition

PROJECT PERIOD OBJECTIVE – 1							
Related Program Goal	<i>Reduce the number of new cases and deaths due to cancer</i>						
Objective							
Description	What Will be Measured	Direction of Change	Unit of Measurement	Baseline	Target	Data Source	Timeframe
Maintain the percent of activities around program administration, fiscal management, use of cancer surveillance data, collaboration and coordination with cancer coalition to 100%.	Program administration, fiscal management, use of cancer surveillance data, and support, collaborate & coordinate with cancer coalition.	<input type="checkbox"/> Increase <input checked="" type="checkbox"/> Maintain <input type="checkbox"/> Decrease	<input type="checkbox"/> # of <input checked="" type="checkbox"/> % of <input type="checkbox"/> Proportion of <input type="checkbox"/> Rate of	100	100	Program records	6/30/2012 - 6/29/2017
ANNUAL OBJECTIVE # 1.1 (Create a SMART objective by completing the cells below)							
Description	What Will be Measured	Direction of Change	Unit of Measurement	Baseline	Target	Data Source	Timeframe
Maintain staff sufficient to manage and provide administrative support to CCCCP.	Staff positions	<input checked="" type="checkbox"/> Increase <input type="checkbox"/> Maintain <input type="checkbox"/> Decrease	<input checked="" type="checkbox"/> # of <input type="checkbox"/> % of <input type="checkbox"/> Proportion of <input type="checkbox"/> Rate of	0	4.5	Documentation of hiring/ Personnel review forms (PRF)	6/29/2013

Strategy	Maintain staff sufficient to manage and provide administrative support to CCCCCP		
ANNUAL ACTIVITY			
Description	Lead Personnel	Key Partners/Contractors	Start/Finish dates
1.1.1 Hire program staff with relevant skills and expertise to manage and support program activities	CCPCP PI	CDPH	Quarter 2
1.1.2 Hire contractors and/or consultants with relevant expertise as needed to strengthen program’s capacity (e.g., PSE strategies, communications, strategic planning, partnership development)	CCPCP PI	CDPH	Quarter 2
1.1.3 Participate in CDC-sponsored meetings, trainings, conferences, webinars, and workshops and other relevant meetings to exchange information and develop capacity	CCCCP PD, CCCCCP PI	CDPH	Quarters 1-4
1.1.4 Conduct regular performance evaluation of program staff	CCCCP PD, CCPCP PI		Quarter 4

Recipient Activities: RA 1 Program Administration, RA 2 Fiscal Management, RA 3 Routine Use of Cancer Surveillance Data, RA 4 Routinely Support, Collaborate, and Coordinate with Existing Cancer Coalition

ANNUAL OBJECTIVE #1.2 (Create a SMART objective by completing the cells below)							
Description	What Will be Measured	Direction of Change	Unit of Measurement	Baseline	Target	Data Source	Timeframe
Maintain total CCCCCP funding allocated to implementation of cancer plan goals and objectives at 30%	Total CCCCCP funding amount allocated to state cancer plan implementation	<input type="checkbox"/> Increase <input checked="" type="checkbox"/> Maintain <input type="checkbox"/> Decrease	<input type="checkbox"/> # of <input checked="" type="checkbox"/> % of <input type="checkbox"/> Proportion of <input type="checkbox"/> Rate of	30	30	Budget documents	6/29/2013

Strategy	Maintain total CCCCPC funding allocated to implementation of cancer plan goals						
ANNUAL ACTIVITY							
Description	Lead Personnel		Key Partners/Contractors		Start/Finish dates		
1.2.1 Ensure the budget properly allocates funding for implementation activities including coalition support, staff and a mini-grant program	CCCCPC PD		ACS, CDHS, CDPH		Quarters 1-4		
1.2.2 Establish appropriate contracts and/or memoranda of agreement with local entities	CDPH		CDOC DAD Teams, CCLHO		Quarters 1-4		
1.2.3 Identify additional sources of funding for coalition workgroups and team activities with local implementation efforts and sub-awards to implement activities with local organizations	CCCCPC		CDOC, CDOC DAD Teams, CCLHO		Quarters 1-4		
1.2.4 Routinely monitor program budgets using relevant fiscal programs and CCCCPC program records	CCCCPC PD, CDPH				Quarters 1-4		
ANNUAL OBJECTIVE #1.3 (Create a SMART objective by completing the cells below)							
Description	What Will be Measured	Direction of Change	Unit of Measurement	Baseline	Target	Data Source	Timeframe
Partner with CCR and CCPCP to develop a collaborative burden report that addresses surveillance objectives in the state cancer plan.	Burden Report	<input checked="" type="checkbox"/> Increase <input type="checkbox"/> Maintain <input type="checkbox"/> Decrease	<input checked="" type="checkbox"/> # of <input type="checkbox"/> % of <input type="checkbox"/> Proportion of <input type="checkbox"/> Rate of	0	1	Report document	6/29/2013
Strategy	Collaborate with CCR and CCPCP to ensure that priority goals and objectives from cancer plan are addressed in burden reports						
ANNUAL ACTIVITY							

Description	Lead Personnel	Key Partners/Contractors	Start/Finish Dates
1.3.1 Collect feedback from CDOC members, other cancer control stakeholders and CCPCP on priority data needs to inform development of CCR's annual mini burden report.	CCCCP PD, CCR Health Educator	CCPCP PM, CDOC, ACS	Quarters 2-4
1.3.2 Coordinate regular CCR participation in CDOC meetings/events to discuss development of burden report including progress on priority objectives in state cancer plan	CCCCP PD	CDOC Executive Committee, CCR	Quarters 2-4
1.3.3 Develop annual mini burden report	CCR Health Educator, CCCCCP PD	CCPCP PM	Quarter 3
1.3.4 Submit report for approval and prepare for dissemination of report statewide including CDOC members, other relevant cancer control stakeholders and CCPCP	CCR Health Educator, CCCCCP PD	CCPCP PM	Quarter 4

ANNUAL OBJECTIVE #1.4 (Create a SMART objective by completing the cells below)

Description	What Will be Measured	Direction of Change	Unit of Measurement	Baseline	Target	Data Source	Timeframe
Increase the coalition's executive committee from populations not currently represented.	Coalition members	<input checked="" type="checkbox"/> Increase <input type="checkbox"/> Maintain <input type="checkbox"/> Decrease	<input checked="" type="checkbox"/> # of <input type="checkbox"/> % of <input type="checkbox"/> Proportion of <input type="checkbox"/> Rate of	19	23	Program records	6/29/13
Strategy	Maintain infrastructure of existing coalition						

ANNUAL ACTIVITY

Description	Lead Personnel	Key Partners/Contractors	Start/Finish Dates
-------------	----------------	--------------------------	--------------------

1.4.1 Work with executive committee members to recruit the following members to the coalition's executive committee: Hispanic, African American and API populations subgroups that experience health disparities, other cancer program components, chronic disease and risk factor programs(including their external coalitions) and members of non-health sectors as appropriate to lead and collaborate with CCCCCP on state cancer plan implementation and evaluation	Health Program Specialist, CCCCCP PD	CCPCP PM, CDOC, ACS	Quarters 1-4
1.4.2 Organize regular statewide meetings and conferences to convene CDOC coalition members and cancer control stakeholders to discuss progress on objectives in the state cancer plan	CCCCCP PD, Health Program Specialist	CDOC, ACS	Quarters 2-4
1.4.3 Periodically assess coalition membership composition, cancer plan activity assignments and outcomes related to implementation of the state cancer plan	Health Program Specialist	CDOC, ACS, CCCCCP Evaluator	Quarters 3-4

ANNUAL OBJECTIVE #1.5 (Create a SMART objective by completing the cells below)

Description	What Will be Measured	Direction of Change	Unit of Measurement	Baseline	Target	Data Source	Timeframe
Develop a communications plan to inform routine communications (external and internal), promote the state cancer plan and related programs, and educate the public and program partners about cancer control	Communications Plan	<input checked="" type="checkbox"/> Increase <input type="checkbox"/> Maintain <input type="checkbox"/> Decrease	<input checked="" type="checkbox"/> # of <input type="checkbox"/> % of <input type="checkbox"/> Proportion of <input type="checkbox"/> Rate of	0	1	Communications plan document	6/29/13
Strategy	Develop communications plan to inform communications, promote the cancer plan and educate the public						

ANNUAL ACTIVITY

Description	Lead Personnel	Key Partners/Contractors	Start/Finish Dates
-------------	----------------	--------------------------	--------------------

1.5.1 In collaboration with CCR, CDPH Coordinated Chronic and CCPCP inform the development of a communications plan	Health Program Specialist	CCR Health Educator, CCPCP PM, Coordinated Chronic Disease Communications Workgroup	Quarter 3
1.5.2 Produce a comprehensive communications plan guided by a three-pronged approach (program, state cancer plan and partnership communications) that also incorporates PSE capacity-building	Health Program Specialist	CCPCP PM, CDPH, ACS	Quarters 3-4
1.5.3 Implement the communications plan using a variety of communication tools (e.g. social media, webinars, email distribution lists, newsletters, special publications, etc) to ensure consistent and broad dissemination of messages consistent with chronic disease partner messages	Health Program Specialist	CDPH OPA, CTG, Coordinated Chronic Disease, HiAP, Communications committee, ACS	Quarters 3-4
1.5.4 Perform an annual evaluation of the communications plan to ensure communication objectives have been achieved	Health Program Specialist	CCCCP PD, CCCCCP Evaluator	Quarter 4

ANNUAL OBJECTIVE #1.6 (Create a SMART objective by completing the cells below)

Description	What Will be Measured	Direction of Change	Unit of Measurement	Baseline	Target	Data Source	Timeframe
Facilitate trainings for coalition members to implement cancer-related PSE and other appropriate interventions in alignment with objectives in the state cancer plan	PSE Trainings	<input checked="" type="checkbox"/> Increase <input type="checkbox"/> Maintain <input type="checkbox"/> Decrease	<input checked="" type="checkbox"/> # of <input type="checkbox"/> % of <input type="checkbox"/> Proportion of <input type="checkbox"/> Rate of	0	2	Program Records	6/29/13
Strategy	Provide capacity building, technical assistance and resources to sustain local efforts						

ANNUAL ACTIVITY

Description	Lead Personnel	Key Partners/Contractors	Start/Finish Dates
1.6.1 Coordinate with CDPH Coordinated Chronic Disease Program, HiAP and PSE contractor to develop PSE work group	Health Program Specialist	PSE Contractor, CCPCP PM, CTG, Coordinated Chronic Disease, HiAP	Quarter 3
1.6.2 Organize training logistics which include developing training materials and agenda, coordinating travel and meeting space and/or setting up webinar service	Health Program Specialist	PSE Contractor, CCPCP PM	Quarters 3
1.6.3 Market and implement trainings to CDOC members, CCPCP programs and other relevant statewide cancer control stakeholders	Health Program Specialist	PSE Contractor, OPA, ACS, Coordinated Chronic Disease, CTG, HiAP, CDOC	Quarters 3-4
1.6.4 Evaluate trainings to ensure objectives have been achieved	Health Program Specialist	CCCCP Evaluator, PSE Contractor	Quarter 4

Recipient Activity: RA 5 Maintain, Implement, and Periodically Revise a Comprehensive Cancer Control Plan

PROJECT PERIOD OBJECTIVE – 2

Related Program Goal	<i>To reduce risk factors for developing cancer among all Californians</i>						
Objective							
Description	What Will be Measured	Direction of Change	Unit of Measurement	Baseline	Target	Data Source	Timeframe
Decrease the obesity rate in CA adults 18 years and older.	BMI rate of CA adults	<input type="checkbox"/> Increase <input type="checkbox"/> Maintain <input checked="" type="checkbox"/> Decrease	<input type="checkbox"/> # of <input checked="" type="checkbox"/> % of <input type="checkbox"/> Proportion of <input type="checkbox"/> Rate of	22.7%	19%	CHIS	6/30/12-6/29/13

Priority Area	<i>Emphasize primary prevention of cancer</i>						
Cancer Focus	<i>All sites</i>						
ANNUAL OBJECTIVE # 2.1 (Create a SMART objective by completing the cells below)							
Description	What Will be Measured	Direction of Change	Unit of Measurement	Baseline	Target	Data Source	Timeframe
Promote established work place models in selected California communities in order to create work place policies supportive of regular physical activity during the workday.	Number of worksites reached	<input checked="" type="checkbox"/> Increase <input type="checkbox"/> Maintain <input type="checkbox"/> Decrease	<input checked="" type="checkbox"/> # of <input type="checkbox"/> % of <input type="checkbox"/> Proportion of <input type="checkbox"/> Rate of	0	15	Program records	6/29/13
Strategy	<i>N/A</i>						
Rationale/Evidence-base	<i>Cancer Control PLANET</i>						
Scope	<input type="checkbox"/> National <input type="checkbox"/> Multi-state Region <input checked="" type="checkbox"/> State/Territory/PIJ <input type="checkbox"/> Within State/Territory/PIJ <input type="checkbox"/> Tribal Org. <input type="checkbox"/> City, County, Local						
Level of Change	<input type="checkbox"/> Individual/population <input checked="" type="checkbox"/> Organization <input type="checkbox"/> Health System <input type="checkbox"/> Environment <input type="checkbox"/> Other						
Type of Change	<input type="checkbox"/> Awareness/knowledge/attitude <input type="checkbox"/> Behavior/practice <input checked="" type="checkbox"/> Policy						
Cross-Cutting Issues	<input type="checkbox"/> Clinical trials <input checked="" type="checkbox"/> Health disparities/social determinants <input type="checkbox"/> Access to care <input type="checkbox"/> Quality of Care <input type="checkbox"/> Epidemiology/Surveillance <input type="checkbox"/> Other						
Setting	<input checked="" type="checkbox"/> Community <input checked="" type="checkbox"/> Faith-based <input checked="" type="checkbox"/> Health Care <input checked="" type="checkbox"/> School, <input checked="" type="checkbox"/> Work Site						
Population Focus	<input checked="" type="checkbox"/> General Population <input type="checkbox"/> Specific Population						
ANNUAL ACTIVITY							
Description	Lead Personnel		Key Partners/Contractors		Start/Finish Dates		

2.1.1 Facilitate meetings with CDOC NuPA Committee, ACS and CDPH in order to determine which workplace models will be used and which worksites will be targeted.	CCCCP PD	CDOC NuPA Committee, ACS, CDPH, CCDPP, CCPCP PM	Quarter 3
2.1.2 Establish contacts with worksites	CCCCP PD	CDOC NuPA Committee, ACS, CDPH, CCDPP, CCPCP PM	Quarter 3
2.1.3 Determine which promotional methods will be utilized to promote workplace models	CCCCP PD	CCCCP Evaluator	Quarter 3
2.1.4 Promote worksite models and determine follow up	CCCCP PD	OPA, CDOC NuPA Committee, ACS, CDPH Worksite Wellness Committee,	Quarter 4

PROJECT PERIOD OBJECTIVE – 3

Related Program Goal	<i>Increase early detection of cancer among Californians through appropriate and timely cancer screenings</i>						
Objective							
Description	What Will be Measured	Direction of Change	Unit of Measurement	Baseline	Target	Data Source	Timeframe
Increase screening for colorectal cancer among Californians age 50 - 75.	Colorectal cancer screening	<input checked="" type="checkbox"/> Increase <input type="checkbox"/> Maintain <input type="checkbox"/> Decrease	<input type="checkbox"/> # of <input checked="" type="checkbox"/> % of <input type="checkbox"/> Proportion of <input type="checkbox"/> Rate of	68.1%	78.3%	BRFSS	6/30/12 – 6/29/17
Priority Area	<i>Support early detection and treatment activities</i>						
Cancer Focus	<i>Colorectal Cancer</i>						

ANNUAL OBJECTIVE # 3.1 (Create a SMART objective by completing the cells below)							
Description	What Will be Measured	Direction of Change	Unit of Measurement	Baseline	Target	Data Source	Timeframe
Increase colorectal cancer screening rates among the uninsured age 50-75 through the establishment of a pilot program that tracks distribution and rate of return of FIT tests.	Screening rates	<input checked="" type="checkbox"/> Increase <input type="checkbox"/> Maintain <input type="checkbox"/> Decrease	<input checked="" type="checkbox"/> # of <input type="checkbox"/> % of <input type="checkbox"/> Proportion of <input type="checkbox"/> Rate of	0	50	Program records	6/29/2013
Strategy	Promote the increased use of annual fecal immunochemical testing (FIT) for average-risk screening in settings that serve patients with limited healthcare coverage, and for patients who prefer inexpensive, non-invasive testing.						
Rationale/Evidence-base	I.c. Guide to Community Preventive Services (The Community Guide) – Cancer Prevention and Control: Client-Oriented Screening Interventions (e.g., small media, reducing structural barriers)						
Scope	<input type="checkbox"/> National <input type="checkbox"/> Multi-state Region <input checked="" type="checkbox"/> State/Territory/PIJ <input type="checkbox"/> Within State/Territory/PIJ <input type="checkbox"/> Tribal Org. <input type="checkbox"/> City, County, Local						
Level of Change	<input checked="" type="checkbox"/> Individual/population <input type="checkbox"/> Organization <input type="checkbox"/> Health System <input type="checkbox"/> Environment <input type="checkbox"/> Other						
Type of Change	<input type="checkbox"/> Awareness/knowledge/attitude <input checked="" type="checkbox"/> Behavior/practice <input type="checkbox"/> Policy						
Cross-Cutting Issues	<input type="checkbox"/> Clinical trials <input checked="" type="checkbox"/> Health disparities/social determinants <input checked="" type="checkbox"/> Access to care <input type="checkbox"/> Quality of Care <input type="checkbox"/> Epidemiology/Surveillance <input type="checkbox"/> Other						
Setting	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Faith-based <input checked="" type="checkbox"/> Health Care <input type="checkbox"/> School, <input checked="" type="checkbox"/> Work Site						
Population Focus	<input type="checkbox"/> General Population <input checked="" type="checkbox"/> Specific Population						
ANNUAL ACTIVITY							
Description	Lead Personnel		Key Partners/Contractors		Start/Finish Dates		

3.1.1 Coordinate with local cancer coalition, community based organizations and community clinics in order to establish necessary mechanism for program roll-out.	Health Program Specialist	SD ACCC, ACS, CDPH, PA SD, KP SD, CDOC, Selected Community Clinics	Quarter 3				
3.1.2 Utilize American Cancer Society (ACS) Toolkit in order to improve the process of providing CRC screening to patients visiting the clinics (In Reach Screening).	Health Program Specialist	SD ACCC, ACS, CDPH, PA SD, KP SD, CDOC, Selected Community Clinics	Quarter 3				
3.1.3 Develop and distribute culturally and linguistically appropriate educational materials to patients visiting clinics.	Health Program Specialist	SD ACCC, ACS, CDPH	Quarter 3				
3.1.4 Measure rate of return and analyze.	Health Program Specialist	Selected Community Clinics	Quarter 4				
ANNUAL OBJECTIVE # 3.2 (Create a SMART objective by completing the cells below)							
Description	What Will be Measured	Direction of Change	Unit of Measurement	Baseline	Target	Data Source	Timeframe
Educate disparate communities (uninsured, African American, Hispanic and API) regarding the Affordable Care Act (Health Benefits Exchange) to facilitate enrollment in health insurance programs in order to get screened for colorectal cancer	People reached	<input checked="" type="checkbox"/> Increase <input type="checkbox"/> Maintain <input type="checkbox"/> Decrease	<input checked="" type="checkbox"/> # of <input type="checkbox"/> % of <input type="checkbox"/> Proportion of <input type="checkbox"/> Rate of	0	150	Program records	6/29/2013
Strategy	Provide educational opportunities to cancer control stakeholders and the public on ways to educate their communities on PSE related issues						
Rationale/Evidence-base	I.c. Guide to Community Preventive Services (The Community Guide) – Cancer Prevention and Control: Client-Oriented Screening Interventions (e.g., reminders, group/individualized education)						
Scope	<input type="checkbox"/> National <input type="checkbox"/> Multi-state Region <input checked="" type="checkbox"/> State/Territory/PIJ <input type="checkbox"/> Within State/Territory/PIJ <input type="checkbox"/> Tribal Org. <input type="checkbox"/> City, County, Local						

Level of Change	<input checked="" type="checkbox"/> Individual/population <input checked="" type="checkbox"/> Organization <input checked="" type="checkbox"/> Health System <input type="checkbox"/> Environment <input type="checkbox"/> Other		
Type of Change	<input checked="" type="checkbox"/> Awareness/knowledge/attitude <input checked="" type="checkbox"/> Behavior/practice <input type="checkbox"/> Policy		
Cross-Cutting Issues	<input type="checkbox"/> Clinical trials <input checked="" type="checkbox"/> Health disparities/social determinants <input checked="" type="checkbox"/> Access to care <input type="checkbox"/> Quality of Care <input type="checkbox"/> Epidemiology/Surveillance <input type="checkbox"/> Other		
Setting	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Faith-based <input checked="" type="checkbox"/> Health Care <input type="checkbox"/> School, <input type="checkbox"/> Work Site		
Population Focus	<input type="checkbox"/> General Population <input checked="" type="checkbox"/> Specific Population		
ANNUAL ACTIVITY			
Description	Lead Personnel	Key Partners/Contractors	Start/Finish Dates
3.2.1 Coordinate with PSE contractor, ACS, HBEX and C4 in order to develop educational trainings that will be presented to selected disparate communities (uninsured, African American, Hispanic and API)	CCCCP PD	PSE Contractor, Coordinated Chronic Disease, HiAP, ACS, HBEX, C4	Quarter 3
3.2.2 Utilize existing relationships among ACCCCs and disparate communities in order to determine which communities will be targeted.	CCCCP PD	CDOC DAD Team, CDOC ACCCCs, PSE Contractor, ACS, C4	Quarter 3
3.2.3 Implement trainings to selected communities	CCCCP PD	CDOC DAD Team, CDOC ACCCCs, PSE Contractor, ACS, C4	Quarters 3-4
3.2.4 Evaluate trainings to ensure objectives have been achieved	CCCCP PD	CCCCP Evaluator, CCPCP Screening Team ACS, C4, UCD	Quarter 4
PROJECT PERIOD OBJECTIVE – 4			
Related Program Goal	Improve California cancer survivors' quality of life through increased awareness, education and access to survivorship resources and services		

Objective							
Description	What Will be Measured	Direction of Change	Unit of Measurement	Baseline	Target	Data Source	Timeframe
Increase number of cancer patients who have received an aftercare plan after completing treatment	% cancer patients who receive an aftercare plan after treatment	<input checked="" type="checkbox"/> Increase <input type="checkbox"/> Maintain <input type="checkbox"/> Decrease	<input type="checkbox"/> # of <input checked="" type="checkbox"/> % of <input type="checkbox"/> Proportion of <input type="checkbox"/> Rate of	71.9%	79.1%	BRFSS	6/30/2012-6/29/2017
Priority Area	Address public health needs of cancer survivors						
Cancer Focus	All cancers						
ANNUAL OBJECTIVE # 4.1 (Create a SMART objective by completing the cells below)							
Description	What Will be Measured	Direction of Change	Unit of Measurement	Baseline	Target	Data Source	Timeframe
Establish network of health care systems treating cancer patients in order to implement mechanism to ensure patients receive after care plans	Establishment of network	<input checked="" type="checkbox"/> Increase <input type="checkbox"/> Maintain <input type="checkbox"/> Decrease	<input checked="" type="checkbox"/> # of <input type="checkbox"/> % of <input type="checkbox"/> Proportion of <input type="checkbox"/> Rate of	0	1	Program records	6/20/2012
Strategy	Promote systems change to integrate survivor care plan into systems of care						
Rationale/Evidence-base	Agency for Healthcare Research and Quality (AHRQ) Innovations Exchange: http://www.innovations.ahrq.gov/linkingClinicalPractices.aspx						
Scope	<input type="checkbox"/> National <input type="checkbox"/> Multi-state Region <input checked="" type="checkbox"/> State/Territory/PIJ <input type="checkbox"/> Within State/Territory/PIJ <input type="checkbox"/> Tribal Org. <input type="checkbox"/> City, County, Local						

Level of Change	<input checked="" type="checkbox"/> Individual/population <input checked="" type="checkbox"/> Organization <input checked="" type="checkbox"/> Health System <input type="checkbox"/> Environment <input type="checkbox"/> Other
Type of Change	<input checked="" type="checkbox"/> Awareness/knowledge/attitude <input checked="" type="checkbox"/> Behavior/practice <input type="checkbox"/> Policy
Cross-Cutting Issues	<input type="checkbox"/> Clinical trials <input type="checkbox"/> Health disparities/social determinants <input checked="" type="checkbox"/> Access to care <input checked="" type="checkbox"/> Quality of Care <input type="checkbox"/> Epidemiology/Surveillance <input type="checkbox"/> Other
Setting	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Faith-based <input checked="" type="checkbox"/> Health Care <input type="checkbox"/> School, <input type="checkbox"/> Work Site
Population Focus	<input type="checkbox"/> General Population <input checked="" type="checkbox"/> Specific Population

ANNUAL ACTIVITY

Description	Lead Personnel	Key Partners/Contractors	Start/Finish Dates
4.1.1 Coordinate with BRFSS to utilize BRFSS survivorship module and define the scope, needs and health behaviors of cancer survivors in California	CCCCP PD	BRFSS, UCD, ACS, CDOC Survivorship Team	Quarter 3
4.1.2 Coordinate with CDOC Survivorship team and other health systems in order to design a survey that will assess health care systems' current after care protocols for cancer patients	CCCCP PD	ACS, CDOC Survivorship Team	Quarter 3
4.1.3 Distribute survey and analyze results in order to determine relevant health care systems that will form network	CCCCP PD	ACS, CDOC Survivorship Team	Quarters 3-4
4.1.4 Establish network of health care systems that will participate in implementing after care plan mechanism	CCCCP PD	ACS, CDOC Survivorship Team	Quarter 4

Recipient Activity: RA 6 Demonstrate Outcomes through Evaluation to Improve Program Performance

PROJECT PERIOD OBJECTIVE – 5

Related Program Goal	Support and enhance the California Comprehensive Cancer Control Program initiative through evaluation, dissemination and
-----------------------------	--

	<i>utilization of evaluation findings.</i>						
Objective							
Description	What Will be Measured	Direction of Change	Unit of Measurement	Baseline	Target	Data Source	Timeframe
Increase the number of high quality evaluations completed over the program period.	Completed evaluations	<input checked="" type="checkbox"/> Increase <input type="checkbox"/> Maintain <input type="checkbox"/> Decrease	<input checked="" type="checkbox"/> # of <input type="checkbox"/> % of <input type="checkbox"/> Proportion of <input type="checkbox"/> Rate of	0	5	Program records	6/30/2012 – 6/30/2017
Priority Area	<i>Demonstrate Outcomes through evaluation</i>						
Cancer Focus	<i>All cancers</i>						
ANNUAL OBJECTIVE #1.7 (Create a SMART objective by completing the cells below)							
Description	What Will be Measured	Direction of Change	Unit of Measurement	Baseline	Target	Data Source	Timeframe
Create evaluation plan in order to evaluate the partnership, program and plan to determine progress towards the goals and objectives of the cancer plan.	Evaluation plan document	<input checked="" type="checkbox"/> Increase <input type="checkbox"/> Maintain <input type="checkbox"/> Decrease	<input checked="" type="checkbox"/> # of <input type="checkbox"/> % of <input type="checkbox"/> Proportion of <input type="checkbox"/> Rate of	0	1	Program Records	6/29/13
Strategy							
ANNUAL ACTIVITY							

Description	Lead Personnel	Key Partners/Contractors	Start/Finish Dates				
5.1.1 Review and utilize CDC's Evaluation Toolkit for Comprehensive Cancer Control Programs to inform development of evaluation plan	Health Program Specialist	CCCCP Evaluator, CDOC, CCCCCP PD	Quarter 3				
5.1.2 Develop, disseminate and analyze annual partnership survey to address partnership satisfaction and assess coalition composition	Health Program Specialist	CCCCP Evaluator, CDOC, CCCCCP PD	Quarter 3				
5.1.3 Determine which program interventions will be evaluated and execute	Health Program Specialist	CCCCP Evaluator, CDOC, CCCCCP PD	Quarter 3-4				
5.1.4 Work with coalition executive committee and CCR in order to assess progress on objectives in state cancer plan	Health Program Specialist	CCCCP Evaluator, CDOC, CCCCCP PD	Quarter 4				
ANNUAL OBJECTIVE # 5.2 (Create a SMART objective by completing the cells below)							
Description	What Will be Measured	Direction of Change	Unit of Measurement	Baseline	Target	Data Source	Timeframe
Develop annual evaluation report evaluating the partnership, program and plan.	Evaluation report	<input checked="" type="checkbox"/> Increase <input type="checkbox"/> Maintain <input type="checkbox"/> Decrease	<input checked="" type="checkbox"/> # of <input type="checkbox"/> % of <input type="checkbox"/> Proportion of <input type="checkbox"/> Rate of	0	1	Evaluation Report Document	6/29/2013
Strategy	Quantitative data obtained from CCR will measure improvements in cancer incidence, stage of diagnosis, five year survival and mortality. Other quantitative data sources will be used for objectives related to screening, and risk factors.						
	Publish annual evaluation report/publication – "Other:" CDC Comprehensive Cancer Control Branch Program Evaluation Tool Kit						
ANNUAL ACTIVITY							

Description	Lead Personnel	Key Partners/Contractors	Start/Finish Dates
5.2.1 Compile results from evaluation of program, plan and partnership	CCCCP PD	CCCCP Evaluator	Quarter 3
5.2.2 Analyze evaluation results	CCCCP PD	CCCCP Evaluator, CCR, BRFSS	Quarter 3
5.2.3 Develop evaluation report	CCCCP PD	CCCCP Evaluator	Quarters 3-4
5.2.4 Disseminate evaluation results (annual report) to stakeholders and identify how findings will inform program improvement	CCCCP PD	CCCCP Evaluator, CDOC, ACS	Quarter 4

ACCCC = Access to Cancer Care Community Coalition

ACS = American Cancer Society

BRFSS = Behavioral Risk Factor Surveillance Survey

C4 = California Colorectal Cancer Coalition

CA = California

CCCCP = California Comprehensive Cancer Control Program

CCLHO = California Conference of Local Health Officers

CCPCP = Coordinated Cancer Prevention and Control Program

CCDPP = Coordinated Chronic Disease Prevention and Health Promotion Program

CCR = California Cancer Registry

CDC = Centers for Disease Control and Prevention

CDHS = California Department of Health Services

CDPH = California Department of Public Health

CDOC = California Dialogue on Cancer

CHIS= California Health Interview Survey

CTG = Community Transformation Grant

DAD = Disparities, Access to Care and Early Detection

HBEX = Health Benefits Exchange

HiAP = Health in All Policies

KP = Kaiser Permanente

NuPA= Nutrition & Physical Activity

OPA = Office of Public Affairs

O&E = Outcomes and Evaluation

PA = Project Access

PC = Program Coordinator

PD = Program Director

PI = Principal Investigator

PM = Program Manager

PSE = Policy, Systems and Environmental

SD = San Diego

UCD = University of California, Davis

UCLA = University of California, Los Angeles

Appendix C. CDOC STAKEHOLDER SURVEY

2013 CDOD Stakeholder Survey Questions

- 1. Please check the sector that most closely represents the work that you do:**
 - Health Clinic
 - Health Policy/Advocacy Organization
 - Federally Qualified Health Center (FQHC)
 - NCI designated Comprehensive Cancer Center
 - Volunteer/Board Member
 - Health Insurance Company
 - School Health
 - Research Organization
 - Academia
 - Non-profit/Community Based Organization
 - Consulting company
 - No response
- 2. Have you been involved with any CDOC activities (participated in an implementation team meeting, responded to CDOC surveys or emails, participated in a CDOC training)?**
 - Yes
 - No
 - No Response
- 3. If you have not been involved with CDPC, what are the main reasons why (please choose all that apply)?**
 - I have not received any communications
 - I tried to communicate in order to get more involved/more information but received no response
 - Does not meet my personal/professional goals
 - Does not use my time or talents effectively
 - I do not have time to commit
 - Have not found a place where I fit in
 - Feel as I have nothing to contribute
 - Feel as if my contributions are not valued
 - Not sure how to get involved
 - Lack of interest
 - Efforts/mission not relevant to me
 - None other
- 4. Which of the following suggestions do you think would help increase stakeholder involvement in CDOC related activities?**
 - Provide more trainings
 - Send more specific communications via listserv
 - Get ore involved in social media
 - Hold more frequent stakeholder meetings
 - Send out more resources, updates, and announcements via listserv
 - None
 - Other

- 5. Does the work of your program/organization address any of the following topic areas listed in the cancer plan?**
- Primary Prevention
 - Early Detection and Screening
 - Cancer-related health disparities
 - Survivorship
 - Research
 - Cancer Surveillance
 - Advocacy
 - None
- 6. Does the work of your program/organization address any of the following cancer sites?**
- Breast Cancer
 - Cervical Cancer
 - Colorectal Cancer
 - Melanoma Cancer
 - Ovarian Cancer
 - Prostate Cancer
 - None
- 7. Does the work of your program/organization address any of the following additional topic areas?**
- HPV
 - Obesity
 - Tobacco Use
 - UV Exposure
 - Health Disparities
 - Survivorship
 - Research/Cancer Surveillance
 - Advocacy
 - None
- 8. Which of the following activities has your program/organization conducted over the course of the last fiscal year (beginning June 30, 2013-now)? Check all that apply**
- Increased awareness of CDOC and/or the cancer plan among programs and partners
 - Created new collaborations or partnerships as a result of involvement in CDOC
 - Implement policy, systems, and/or environmental interventions that address cancer plan topic areas or cancer sites
 - Applied for or received funding to work on cancer plan topic areas
 - Conducted evidence-based interventions in relation to cancer prevention and control
- 9. Has you program/organization developed and/or implemented projects in alignment with cancer plan objectives/strategies? If yes in the comment section, please be specific. (e.g. p.25 HPV – Encourage providers to utilize client reminder systems through a mass mailing).**
- Yes
 - No
 - Not sure
 - No response

California Comprehensive Cancer Control Program

**Evaluation Plan
FY 2012-2013**

INTRODUCTION

Evaluation Purpose

The purpose of the FY12-13 evaluation is as follows:

1. Determine the degree of impact of selected program activities related to the Comprehensive Cancer Control Program (CCCP), the California Dialogue on Cancer (CDOC) and *California's Comprehensive Cancer Control Plan, 2011-2015*.
2. Determine to what degree specific program strategies have contributed to overall goal achievement in order to improve program implementation.
3. Provide accountability to the Centers for Disease Control and Prevention (CDC), the California Department of Public Health (CDPH), the CDOC Executive Committee, and the community.
4. Demonstrate progress toward cancer control in California, and to highlight areas where the broader community and CDOC involvement would be helpful.

The findings from this evaluation will be reported to the CDC, to the CDOC executive committee and stakeholders, and all other interested community partners. This evaluation will be coordinated by CCCP's evaluator.

Evaluation Stakeholders and Primary Intended Users

The stakeholders in this evaluation include CDPH leadership, CDPH cancer and chronic disease programs, intervention participants, CCCP staff, CDC's program staff and CDOC stakeholders. In addition, the CCCP evaluator will conduct the evaluation and be engaged through all components of the evaluation including implementation, analyses and reporting.

Evaluation Expectations of Stakeholders and Primary Intended Users

It is the expectation of CCCP stakeholders that evaluation results will demonstrate the effectiveness of CDOC and the CCCP Program. Specific expectations from each stakeholder are provided in the table below.

Stakeholder Assessment and Engagement Plan

Stakeholder	What Stakeholders Want to Know	How to Engage	When to Engage
CDPH Leadership	Document the resources that have been leveraged to support CCCP and CDPH program efforts	Share findings to incorporate into presentations that will be shared with state and community partners	Evaluation implementation phase
CDPH cancer and chronic disease programs	In what other ways can CDPH programs work more collaboratively with CCCP?	Share findings to incorporate into presentations that will be shared with state and	Evaluation implementation phase

Stakeholder	What Stakeholders Want to Know	How to Engage	When to Engage
	Document the resources that have been leveraged to support CCCP efforts	community partners	
Cancer Plan Intervention Participants	The extent to which CCCP program objectives and CDOC projects are effective	Data Sources (invite participants to be a part of evaluation interviews and surveys)	Evaluation implementation phase
CDOC Executive Committee/ Stakeholders	Defining the effectiveness of the CDOC Executive Committee role in supporting coalition program priorities. How they can become more involved with CDOC	Invite to be a part of the planning phase Data Sources (invite participants to be a part of evaluation interviews and surveys)	All phases of the evaluation process including implementation
CDC's Division of Cancer Prevention and Control	Review quality contributions and impact of CCCP Determine to what extent interventions outlined in the CCCP action plan are being executed and producing measurable outcomes	External reviewers of evaluation plans and methods	Evaluation planning phase

PROGRAM BACKGROUND AND DESCRIPTION

I. California's Comprehensive Cancer Control Program

A. CCCP Description

The California CCCP is based in the Chronic Disease & Injury Control Division of CDPH and housed in the Chronic Disease Surveillance and Research Branch. CCCP functions as a collaborative process through which California pools resources resulting in improved risk reduction behaviors, increases in early detection, improved treatment, and enhanced survivorship, all resulting in a reduction of the burden of cancer. CDC provides funding for CCCP.

The goal of CCCP is to reduce the burden of cancer in California through three main functions:

- Maintain a comprehensive cancer control coalition, CDOC;
- Assess the burden of cancer in our state and determine priorities for interventions; and

- Develop and implement a statewide comprehensive cancer control plan (*California's Comprehensive Cancer Control Plan, 2011-2015*)

B. Statewide Coalition: CDOC

CDOC is a coalition of cancer control leaders from throughout the state that share the vision of reducing the cancer burden on the residents of California. These leaders include members of state and local government, members of the public, non-profit organizations, health, medical, and business communities, the research community, cancer survivors, and advocates. Coalition objectives are to:

- Decrease the incidence rate of cancer;
- Decrease the mortality rate for cancer;
- Increase the quality of life for cancer patients;
- Serve as the California forum for critical cancer control issues; and
- Ensure that the strategies detailed in California's Comprehensive Cancer Control Plan are implemented.

CDOC has special work groups called "implementation teams" that engage in activities related to the Cancer Plan's implementation. CDOC's current implementation teams are:

- Advocacy
- Disparities, Access to Care and Early Detection
- Prevention: Tobacco
- Prevention: Nutrition and Physical Activity
- Treatment & Survivorship
- Ad Hoc Colorectal Cancer Committee

II. Program Resources

Program Staff

The CCCP staffs a Program Director, a Communications/Policy Systems Environmental Specialist, an Administrative Assistant, a part time Evaluator and a part time Web/Graphic Designer.

Stakeholders/Volunteers/In-Kind Resources

There are a number of volunteers that ensure the functions of the CCCP are carried out. These volunteers primarily sit on the state cancer coalition, CDOC and give their time to various functions of the program related to cancer plan implementation. Other in-kind resources such as meeting space, volunteer expertise, educational materials etc... are also contributed to CCCP by volunteers.

Financial Resources

The CCCP is funded by the Centers for Disease Control and Prevention (CDC). The CCCP is currently in Year 1 of a five year non-competitive funding cycle that begins June 30, 2013 and goes through June 29, 2017. Each year, the CCCP will apply for funding. In addition, CCCP program

staff and volunteers seek additional funding sources to fund CCCP efforts. CCCP also includes a cost share component that includes the knowledge and expertise of state health department staff.

III. Stage of Development

A. California's Comprehensive Cancer Control Program	
Completed Work	<ul style="list-style-type: none"> • Conducted CDOC Stakeholder meeting follow up • Cataloged sustainable activities of previously funded education and outreach programs focusing on colorectal, ovarian and skin cancers • Transitioned fiscal administration to CDPH in order to increase efficiency and collaborative opportunities • Disseminated over 1,000 copies of <i>California's Comprehensive Cancer Control Plan, 2011-2015</i> • Evaluated program objectives • Revitalized coalition implementation teams • Coordinated a leadership training for Access to Cancer Care community coalitions situated all throughout California • Maintained strong collaborative partnerships with several key statewide organizations as well as many CDPH cancer and chronic disease programs
Current Work	<ul style="list-style-type: none"> • Formalizing Cancer Plan Implementation Plan • Implementing <i>Get Involved!</i> Marketing Campaign to increase coalition membership and participation • Disseminating <i>California's Comprehensive Cancer Control Plan, 2011-2015</i> • Coordinating activities with the state Coordinated Chronic Disease Prevention Program • Building capacity around policy systems and environmental change interventions • Developing a communications platform including a media plan • Training coalition and community members on the Affordable Care Act Implementation • Expanding the diversity of the CDOC Executive Committee • Collaborating with the California Cancer Registry on a cancer burden report • Collaborating with the CDPH to establish worksite wellness policies in California worksites • Collaborating with the California Colorectal Cancer Coalition and other partners on a project to increase colorectal cancer screening • Collaborating with several organizations to ensure systems that treat cancer patients utilize after care plans for all patients
Future Work	<ul style="list-style-type: none"> • Bi-annual CDOC stakeholders meeting • Revision of state cancer plan

IV. Program Context

A. California's Comprehensive Cancer Control Program

In June 2012, California's CCCP transitioned from being fiscally administered by the Public Health Institute to CDPH. This transition was both challenging and beneficial to CCCP: while there were some delays and roadblocks in moving forward with program objectives, the program is now in a much more

stable environment. The establishment of permanent positions within CDPH presents advantages of institutionalization and collaboration, as well as improved efficiency and shared expertise for greater coordination with other CDPH cancer and chronic disease control programs. A new component of CCCP will establish a policy, systems and environmental (PSE) approach to cancer control. The CCCP will build capacity of the program and the statewide coalition, CDOC, to implement PSE strategies, and establish community-clinical linkages as delineated in California's cancer control plan. CCCP will collaborate with program partners that have expertise in PSE interventions and advocacy to engage stakeholders and coalition members when needed.

Despite the unavoidable delay in hiring program staff, the CCCP has still been able to facilitate several program objectives due in part to CDOC which continues to be active. CDOC's Executive Committee has been meeting regularly as well as implementation teams that are assisting with cancer plan implementation. Additionally, many partner organizations and individuals that are committed and dedicated to CDOC's mission have facilitated or continued important work of the coalition. This work is directly based on objectives in CCCP's work plan and many activities are a continuation of work already facilitated at the April 2012 CDOC Stakeholder Meeting, *Implementing California's Comprehensive Cancer Control Plan, 2011-2015*.

As CCCP moves forward as a formal program of CDPH, the already established relationship with the CDPH Coordinated Chronic Disease Prevention Program will allow CCCP to coordinate effectively around policy, systems and environmental change interventions. In addition, established partnerships with CDPH cancer and chronic disease programs will allow CCCP to flourish under the Program Management, Leadership and Coordination component of this grant which is now established as the Coordinated Cancer Prevention & Control Program (CCPCP). The leadership for CCPCP will also formally work with CCCP ensuring program objectives are coordinated appropriately and all program functions are in alignment with the state cancer plan.

EVALUATION DESIGN AND METHODS

FOCUS	EVALUATION QUESTIONS	INDICATORS	DATA COLLECTION SOURCES	DATA COLLECTION METHODS	DATA COLLECTION TIMING
PROGRAM: COMPREHENSIVE CANCER CONTROL PROGRAM	How are objectives and strategies in the cancer plan being integrated into the CCCP action plan?	<ul style="list-style-type: none"> Percentage of cancer plan objectives integrated into the CCCP action plan 	<ul style="list-style-type: none"> Program Records Cancer plan objectives CCCP action plan 	<ul style="list-style-type: none"> CCCP staff will review cancer plan objectives and the CCCP work plan CDMIS 	BY THE END OF MAY 2013
	What number of objectives in the CCCP action plan are achieved given the program transition?	<ul style="list-style-type: none"> Percentage of objectives in the CCCP action plan achieved 	<ul style="list-style-type: none"> Program Records CCCP action plan CCCP final report 	<ul style="list-style-type: none"> CCCP staff will review the CCCP action plan and CCCP program records CDMIS 	BY THE END OF THE JUNE 2013
PLAN: <i>CALIFORNIA'S COMPREHENSIVE CANCER CONTROL PLAN, 2011-2015</i>	How have coalition members/partners implemented the revised cancer plan?	<ul style="list-style-type: none"> Cancer plan Number of coalition members/partners implementing objectives 	<ul style="list-style-type: none"> Coalition Survey Cancer plan implementation project collection tool Coalition implementation team work plans 	<ul style="list-style-type: none"> CCCP staff will develop, distribute and analyze survey in addition to data retrieved from other program records CDMIS 	BY THE END OF MAY 2013
	What cancer plan objectives with PSE interventions are being implemented by coalition members/partners?	<ul style="list-style-type: none"> Cancer plan Percentage of PSE interventions being implemented 	<ul style="list-style-type: none"> Coalition Survey Cancer plan implementation project collection tool Coalition implementation team 	<ul style="list-style-type: none"> CCCP staff will identify PSE interventions in the cancer plan as well as develop, distribute and analyze survey 	BY THE END OF MAY 2013

FOCUS	EVALUATION QUESTIONS	INDICATORS	DATA COLLECTION SOURCES	DATA COLLECTION METHODS	DATA COLLECTION TIMING
			work plans	and data retrieved from other program records • CDMIS	
PARTNERSHIP: CALIFORNIA DIALOGUE ON CANCER (CDOC) COALITION	During CCCP's program transition, how strong has partnership involvement been?	<ul style="list-style-type: none"> Coalition meeting frequency and participation rates (Ex Com and implementation teams) Types and number of active coalition contributions Types and numbers of sectors represented. 	<ul style="list-style-type: none"> Coalition meeting notes Coalition implementation team work plans Cancer plan implementation project collection tool Program records 	<ul style="list-style-type: none"> CCCP staff will review program records CDMIS 	BY THE END OF MAY 2013

DISSEMINATION AND UTILIZATION OF FINDINGS

The results of the evaluation will be shared and discussed with the CDOC Executive Committee as well as with our stakeholders via electronic means and other meetings in which stakeholders are convened. In the discussions of the results and recommendations of the evaluation, the following will be shared:

- Results of evaluation and recommendations
- Prioritization of recommendations for program improvement with stakeholders
- Ways stakeholders can apply evaluation findings and recommendations to improve their organizational practice or CCCP related interventions

The CCCP has a dedicated evaluator that will coordinate, document and monitor efforts to implement improvement recommendations.

Dissemination Strategy Matrix

Audience	Format for Sharing Findings	Timeline	Responsible Person
CDC's Division of Cancer Prevention and Control	Email copy of detailed evaluation report to program consultant and attach to CDMIS	Annually within two weeks of finalizing the report	Program Director
CDPH Executive Leadership	Email copy of detailed evaluation report to CDPH Director's Office	Annually within two weeks of finalizing the report	Program Director
CDOC Coalition/ Partnerships	Present PowerPoint presentation of key findings and recommendations Email condensed evaluation report via e-newsletter	In person executive committee meeting Condensed email will be sent out 2 months after finalizing report Annually within 2 months of finalizing the	CCCP Evaluator CCCP Program Associate

	Findings will be posted on the coalition website	evaluation report	CCCP Program Associate
Public	Findings will be posted on state cancer coalition website and distributed via list serve Findings will be shared by stakeholders to their community partners	Annually within 2 months of finalizing the evaluation report	CCCP Web/Desktop Analyst Stakeholders

California Comprehensive Cancer Control Program Communications Plan

The Comprehensive Cancer Control Program (CCCP) communications plan is a broad approach intended to foster collaboration amongst California Dialogue on Cancer (CDOC) stakeholders, cancer and chronic disease programs funded by the Centers for Disease Control and Prevention (CDC), and interested program partners in cancer prevention and control.

This communications plan includes components to promote the state cancer coalition, the state cancer plan, and implementation activities/opportunities; as well as components to educate the public, program partners, and decision makers about cancer prevention and control. This plan ensures routine communication between coalition members, California CDC-funded cancer and chronic disease programs, healthcare delivery systems, and the public.

A variety of communication tools are utilized to ensure consistent and broad dissemination of messages regarding primary prevention, cancer risk and cancer outcomes. This communications plan is organized in 3 sections (program, state cancer plan, and partnership) organized by internal and external communication components.

Five Year objective: Implement a communications plan to inform routine communications (internal and external), promote the state cancer plan and related programs, and educate the public and program partners about cancer control.

Internal Communications Plan

The Internal Communications Plan describes how internal communications enable cancer programs and partners to communicate in a way that maximizes impact and efficiency. This plan also develops a mechanism to coordinate the collaborative development of consistent cancer and chronic disease messaging. The Internal Communications Plan was developed by the CCCP Communications Specialist, cancer and chronic disease program representatives under the Coordinated Cancer Prevention Control Program (CCPCP), and California Department of Public Health (CDPH) Office of Public Affairs (OPA) staff.

External Communications Plan

The External Communications Plan meets the communications objectives in the CCCP work plan and informs strategic communication activities to educate the public and decision makers about cancer burden, prevention and control, implemented interventions, and impact of the program. The External Communications Plan also develops a mechanism to coordinate routine coalition and partner communications and disseminate consistent cancer and chronic disease messaging. The External Communications Plan will be renewed every 12–18 months to reflect emerging needs and opportunities and allow for the flexibility needed to accommodate progress.

Comprehensive Cancer Control Program Program Communications – includes programmatic correspondence and communications efforts to enhance program effectiveness, and report on the impact of the program	
<i>Internal</i> program communications establishes and coordinates routine communications within the CCCP, CCPCP and CDPH	Internal and external program communications involves the following communications strategies and channels: <ul style="list-style-type: none"> • Email distribution lists for NCCCCP leadership, CDOC Executive Committee list, CDOC Implementation Teams, CDOC Stakeholders, etc. • One-way information sharing using newsletters, eBulletins, etc. • Webinars to enhance program effectiveness including PSE approaches to cancer and chronic disease control • Dissemination of special publications that report on the impact of the program (e.g. annual evaluations) • Regularly scheduled teleconferences and periodic face-to-face meetings • Use of traditional media, social media, and other earned media, to reach target audiences (e.g., the general public, the prevention community, health care providers, patients, policymakers, educators, employers, local health departments, and others) • Periodic revision of the CDOC website to reflect program reports, special publications, etc.
<i>External</i> program communications establishes and coordinates routine program-related communications and activities to educate the public and decision makers about cancer burden, prevention and control, implemented interventions, and impact of the program	

California's Comprehensive Cancer Control Plan, 2011-2015 Plan Communications – includes development and implementation of communications strategies for the <i>California's Comprehensive Cancer Control Plan, 2011-2015</i> to raise public awareness of the plan, increase stakeholder utilization of the plan, promote implementation opportunities and monitor and communicate progress on implementation of the plan	
<i>Internal</i> state cancer plan communications include routine inter and intra agency sharing of revisions, updates, and progress made on implementation of the cancer plan	Internal and external program communications involves the following communications strategies and channels: <ul style="list-style-type: none"> • Continued dissemination of the state cancer plan and routine tracking of distribution • Webinars or teleconferences to train stakeholders regarding new PSE approaches in the current state

<p><i>External</i> state cancer plan communications include a comprehensive strategy to raise public awareness of the plan, disseminate the plan, promote implementation opportunities and increase stakeholder utilization of the plan</p>	<p>cancer plan</p> <ul style="list-style-type: none"> • Dissemination of progress and evaluation reports related to state cancer plan implementation • Use of traditional media, social media, and other earned media, to reach target audiences • Periodic revision of the CDOC website to engage current and prospective stakeholders in state cancer plan implementation opportunities
---	--

California Dialogue on Cancer

Partnership Communications – includes development and coordination of communication strategies to facilitate and enhance partnership with coalition members, local and statewide partners, other CDC-funded cancer programs, health care systems, and chronic disease prevention and health promotion programs

<p><i>Internal</i> partnership communications include the activities of the Communications Committee including the development of consistent cancer and chronic disease messaging</p>	<p>Internal and external partnership communications involves the following communications strategies and channels:</p> <ul style="list-style-type: none"> • Cancer-related news, training, development, and funding opportunities shared through the CDOC email list serve • Ongoing development and maintenance of the CDOC website as a resource for program partners including news and upcoming events, repository for materials and resources including policy, systems and environmental (PSE) change trainings, advocacy information, funding announcements, and links to partner sites. • In-kind support or technical assistance for partner communication activities such as conference calls, coalition meetings, website development, development and publication of educational materials, etc. • Use of social media such as Facebook and LinkedIn to facilitate and promote partnerships with coalition members and other health and cancer programs; as well as to promote collaborative relationships between coalition members.
<p><i>External</i> partnership communications establishes and coordinates routine partnership-related communications with coalition members, partners and staff from other CDC-funded cancer programs as well as chronic disease prevention and health promotion programs</p>	

Appendix F. SURVIVORSHIP AFTERCARE PLAN UTILIZATION SURVEY

California Comprehensive Cancer Control Program Survivorship Aftercare Plan Utilization Survey (Survey administered in Qualtrics Survey Software)

Thank you for considering completing this survey. The survey will take approximately 5 minutes to complete.

You may complete this survey at your convenience. If you cannot complete the survey in one sitting, you may click on the link to the survey at a later time, and it will begin wherever you left off.

At the end of the survey, you may choose to provide additional details about survivorship care plan use in your cancer program not captured in the survey.

Your participation is completely voluntary. If you choose not to participate in this survey, there will be no penalty for you or your organization. You are free to answer or not answer any question. You have no obligation to complete the survey once you begin. Completing the survey connotes your consent. All of your responses will remain confidential and will be reported only in aggregate. Your individual responses will not be shared with anyone. There are no risks anticipated with completing this survey. There are no anticipated costs to participate, other than 5 minutes of your time.

Questions

Do you know whether or not survivorship care plans are used in your cancer program?

Notes: A survivorship care plan is a written document that often, but not always, includes the following information regarding care after cancer treatment is complete: surveillance; preventive care; wellness behaviors; and symptoms to report.

Please select one response.

- ☐ () I do know whether or not survivorship care plans are used in my cancer program.
- ☐ () I do not know whether or not survivorship care plans are used in my cancer program.

If available, please provide contact information for someone in your organization who may know whether or not survivorship care plans are used in your cancer program.

Name []
Address []
Address 2 []
City []
State []
ZIP code []
Email []

Please enter "Don't know" in this text box if you don't know of someone who may be aware of whether providers in your cancer program use survivorship care plans. []

Please provide your contact information below.

Name []
Address []
Address 2 []
City []
State []
ZIP Code []
Email []

Which of the following options best describes survivorship care plan use in your cancer program?

Please check one

- ☐ Survivorship care plans are used regularly.
- ☐ Survivorship care plans are used sometimes.
- ☐ Survivorship care plans were previously used, but we no longer use them.
- ☐ Survivorship care plans are not used, but we are planning to use them.
- ☐ Survivorship care plans are not used, and we do not plan to use them.

Approximately when did survivorship care plan use begin in your cancer program?

Please enter an approximate start date or check “Don’t know”.

- ☐ Month []
- ☐ Year []
- ☐ Don't know

Approximately what percentage of providers in your cancer program has used survivorship care plans?

Please select one response.

0-25%	26-50%	51-75%	76-100%	Don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

For approximately what percentage of all survivors in your cancer program are survivorship care plans developed?

Please select one response.

0-25%	26-50%	51-75%	76-100%	Don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Approximately what percentage of survivorship care plans is delivered to survivors?

Please select one response.

0-25%	26-50%	51-75%	76-100%	Don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Approximately what percentage of survivorship care plans is delivered to survivors' primary care providers?

Please select one response.

0-25%	26-50%	51-75%	76-100%	Don't know
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Who is responsible for preparing survivorship care plans in your cancer program?

Please check all that apply.

- ☐ Physician (MD/DO)
- ☐ Physician assistant (PA)
- ☐ Nurse practitioner (NP)
- ☐ Registered nurse (RN)
- ☐ Medical assistant (MA)
- ☐ Other []
- ☐ Don't know

Who is responsible for reviewing survivorship care plans with survivors in your cancer program?

Please check all that apply.

- ☐ Physician (MD/DO)
- ☐ Physician assistant (PA)
- ☐ Nurse practitioner (NP)
- ☐ Registered nurse (RN)
- ☐ Medical assistant (MA)
- ☐ Other []
- ☐ Survivorship care plans are not reviewed with survivors
- ☐ Don't know

For survivors in which tumor groups have survivorship care plans been/will survivorship care plans be used?

Please check all that apply.

- ☐ Breast
- ☐ Colorectal
- ☐ Testicular
- ☐ Prostate
- ☐ Other []
- ☐ Don't know

What kind of survivorship care plan templates have been/will be used?

Please check all that apply.

- ☐ LIVESTRONG Care Plan
- ☐ American Society for Clinical Oncology (ASCO) Survivorship Care Plan
- ☐ Journey Forward
- ☐ Plan developed in your cancer program (If based on template listed above, please also check that option.)
- ☐ Plan that is part of a Cerner electronic health record (If based on template above, please also check that option.)
- ☐ Plan that is part of a McKesson electronic health record (If based on template above, please also check that option.)
- ☐ Plan that is part of an Epic electronic health record (If based on template above, please also check that option.)
- ☐ Plan that is part of an Allscripts electronic health record (If based on template above, please also check that option.)
- ☐ Plan that is part of an electronic health record that is not listed above (Please enter name of electronic health record vendor in the box below. If based on template above, please also check that option.) []
- ☐ Other []
- ☐ Don't know

Why did/will your cancer program begin using survivorship care plans?

Please check all that apply.

- ☐ Desire to comply with American College of Surgeons (ACoS) Commission on Cancer (CoC) cancer program 2012 standards
- ☐ Desire to comply with Association of Community Cancer program (ACCC) 2009 guidelines
- ☐ Desire to comply with National Coalition for Cancer Survivorship (NCCS)/Lance Armstrong Foundation recommendations
- ☐ Desire to comply with American Society for Clinical Oncology (ASCO) practice guidelines
- ☐ Desire to comply with National Comprehensive Cancer Network (NCCN) guidelines
- ☐ Desire to comply with National Cancer Institute (NCI) Community Cancer Centers Program (NCCCP) guidelines
- ☐ Institute of Medicine's (IOM) From Cancer Patient to Cancer Survivor raised awareness
- ☐ Grant-funded survivorship care plan use project raised awareness
- ☐ Colleague(s) raised awareness
- ☐ Competing cancer program that uses survivorship care plans raised awareness

- ☐ It's a commonly accepted practice
- ☐ Belief that it may improve quality of care
- ☐ Survivors requested survivorship care plans
- ☐ Other []
- ☐ Don't know

In your opinion, what are barriers to survivorship care plan use in your cancer program?

Please check all that apply.

- ☐ Perception that survivorship care plans are not useful.
- ☐ Perception that survivorship care plans are difficult to use.
- ☐ Influential people (e.g., physician champions, managers) have not advocated for survivorship care plans to be used.
- ☐ Influential people (e.g., physician champions, managers) advocating for survivorship care plans to be used does not motivate providers to use survivorship care plans.
- ☐ Providers do not feel confident in using survivorship care plans.
- ☐ Lack of time to use survivorship care plans
- ☐ Lack of reimbursement for using survivorship care plans
- ☐ Lack of staff to use survivorship care plans
- ☐ Lack of training to use survivorship care plans
- ☐ Lack of grant funding for using survivorship care plans
- ☐ Lack of opportunities to use survivorship care plans
- ☐ Other []
- ☐ Don't know

Please enter the ZIP code where your cancer program is located.

[]

Approximately how many new cancer patients are seen in your cancer program per year?

Your best guess is fine.

[]

Please indicate your cancer program type.

Please check all that apply.

- ☐ Network cancer program
- ☐ NCI-designated comprehensive cancer program
- ☐ Teaching hospital cancer program
- ☐ Veterans Affairs cancer program
- ☐ Pediatric cancer program
- ☐ Pediatric cancer program component
- ☐ Community hospital comprehensive cancer program
- ☐ Community hospital cancer program
- ☐ Hospital associate cancer program
- ☐ Affiliate hospital cancer program
- ☐ Integrated cancer program
- ☐ Freestanding cancer center program
- ☐ NCI designated network
- ☐ Other []
- ☐ Don't know

Of which professional society/societies is your cancer program a member?

Please check all that apply.

- ☐ American Cancer Society
- ☐ Association of Community Cancer Centers (ACCC)
- ☐ American College of Surgeons (ACS) Commission on Cancer (CoC)
- ☐ National Coalition for Cancer Survivorship (NCCS)/Lance Armstrong Foundation
- ☐ American Society for Clinical Oncology (ASCO) Quality Oncology Practice Initiative (QOPI)
- ☐ National Comprehensive Cancer Network (NCCN)
- ☐ NCI Community Cancer Centers Program (NCCCP)
- ☐ Other []
- ☐ Don't know

What is your current position in the cancer program?

Please check all that apply.

- ☐ Medical Director
- ☐ Physician (MD/DO)
- ☐ Physician Assistant (PA)
- ☐ Nurse Practitioner (NP)
- ☐ Registered Nurse (RN)
- ☐ Oncology nurse navigator
- ☐ Social Worker
- ☐ Health Educator
- ☐ Other []

Would you like to receive a summary of survey results?

- ☐ Yes
- ☐ No

Please provide your contact information below.

Name []
Address []
Address 2 []
City []
State []
ZIP Code []
Email []

If desired, please provide any additional details regarding survivorship care plan use at your cancer program in the text box below.

Thank you for your time.

Please select "SUBMIT" to submit this survey.



The Basics of the Affordable Care Act from the Consumer Perspective **Affordable Care Act Educational Events**

Event #: 1 - Orange County

Date: Tuesday, May 21, 2013 Time: 10am-11:30am

Location: American Cancer Society Orange County Regional Office

Audience: Orange County stakeholders

Host: Orange County Cancer Coalition

Attendance: 31

Event #: 2 - Los Angeles County

Date: Wednesday, May 29, 2013 Time: 1pm-2:30pm

Location: Webinar

Audience: Los Angeles County stakeholders

Hosts: UCLA Fielding School of Public Health & Jonsson Comprehensive Cancer Center; UCLA Kaiser Permanente Center for Health Equity; UCLA Prevention Research Center; UCLA Cancer Prevention & Control Research Network

Attendance: 163

Registration: 321

Event #: 3 - Inland Empire (San Bernardino & Riverside Counties)

Date: Tuesday, June 11, 2013 Time: 12pm-2pm

Location: Molina Health Care, 900 E Washington St., Ste. 215, Colton, CA 92324

Audience: Inland Empire stakeholders

Host: Inland Empire Access to Care Coalition

Attendance: 43

Event #: 4 - Siskiyou County

Date: Tuesday, June 18, 2013 Time: 4pm-6pm

Location: College of the Siskiyous - Rural Health Sciences Institute in Yreka, CA

Audience: Consumers

Host: Community Health Plan of the Siskiyous

Attendance: see below

Event #: 5 - Siskiyou County

Date: Wednesday, June 19, 2013 Time: 7am-9am

Location: College of the Siskiyous - Weed Campus in Weed, CA

Audience: Siskiyou health care professionals and health care practice staff

Host: Community Health Plan of the Siskiyous

Attendance combined with Event #4: 53

Event #: 6 - Sonoma County

Date: Wednesday, June 19, 2013 Time: 6pm-8pm

Location: Sutter Pacific Medical Foundation - Cancer Support Services, 2449 Summerfield Road, Main Entrance, 2nd floor, Santa Rosa, CA 95405, 707-523-7312

Audience: Patients, caregivers, health care professionals, community stakeholders, etc.

Host: Leukemia & Lymphoma Society

Attendance: 17

Policy, Systems and Environmental Change Approaches in Cancer

June 27, 2013

12:00 noon-1:00 pm

Presented by Marilyn Kempster, MPH and Shauntay Davis, MPH

Objectives:

- **What is policy, systems, and environmental (PSE) change?**
- **Why is PSE change important for cancer control and prevention?**
- **What is different about PSE change compared to traditional health programs and interventions?**
- **Examples of PSE in the state cancer plan**

CCR Data 101

Webinar

June 25, 2013

12:00 noon – 1:00 pm

Presented by: the California Department of Public Health and the California Cancer Registry

- | | |
|----------------|---|
| 5 min- | Introductions |
| 5 min- | Overview of what the California Cancer Registry (CCR) does |
| 5 min- | Introduction to the cancer burden in California |
| 25 min- | Review of CCR resources |
| | <ul style="list-style-type: none">• Reports and publications available• Data and mapping tool• CCR data for research |
| 10 min- | Q&A |

Let's Get Our Employees Active

for



Start Moving Today!

We Have the Tools to Help You *Take Action* Today! Let's Move Employees into an *Instant Recess* and Bring Joy Burning those Calories. Let's make our Employees *Active for Life* with Workable Fitness Goals that Lead to Improved Health, Improved Morale, and *Better Job Performance*.

Here are Three Programs that Can Help Employees Start Today!

American Cancer Society
- Active for Life -
www.activeforlife.org
Workable Fitness Goals – Better Job Performance



University of California, Los Angeles
- Instant Recess -
www.tonyancey.com/IR_Book.html
Bring Joy and Burning Calories Wherever People Gather



California Department of Public Health
- Take Action -
www.takeactionca.cdph.ca.gov/
Take Action! Empower Your Employees to Better Health...Greater Productivity



Partners in

Employee Health and Wellness


CALIFORNIA DIALOGUE ON CANCER
Preventing Cancer & Saving Lives through Collaboration

This Message was brought to you by the California Dialogue on Cancer. If you would like more information, please contact the programs listed above and mention this poster. Or, you may contact the California Dialogue on Cancer at (916)731-2528.

Page intentionally left blank